**Workers Compensation Form for Employees**

**Employee Information  
Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
City: \_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_  
Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_  
Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employment Details  
Employer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Employer Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
City: \_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_  
Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date of Hire: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_  
Average Weekly Wage: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Accident Information  
Date of Injury: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_  
Time of Injury: \_\_\_\_ : \_\_\_\_ AM/PM  
Location of Injury: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Describe How the Injury Occurred:**

**Injury Details  
☐ Head  
☐ Neck  
☐ Back  
☐ Arm/Hand  
☐ Leg/Foot  
☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Type of Injury:  
☐ Strain/Sprain  
☐ Fracture  
☐ Laceration  
☐ Burn  
☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medical Treatment  
Did you seek medical treatment? ☐ Yes ☐ No  
If yes, Name of Hospital/Clinic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Doctor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Witness Information  
Witness Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Witness Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Relationship to Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee Certification  
I declare that the above information is true and correct to the best of my knowledge.**

**Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_**