



WORK INJURY QUESTIONNAIRE

Date of Accident: _____

Time of accident: _____

Did you report this injury to your employer? __Yes __No Who did you report it to?

Describe in your words what happened? _____

What is your major complaint? _____

Do you have any secondary complaints as a result of this accident: _____

Have you missed work due to this injury? __Yes __No How many days? _____

Describe your job duties: _____

Additional information: _____

Doctor's Notes: _____
