

TYPE OF INJURY CODE PART OF BODY AFFECTED CODE CAUSE OF INJURY CODE (ENTER CODES, IF KNOWN)

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TYPE OF INJURY OR ILLNESS

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PARTS OF BODY AFFECTED

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CAUSE OF INJURY

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DID INJURY OR ILLNESS OCCUR ON EMPLOYER'S PREMISES?

YES
NO

IF OUT OF STATE, SPECIFY STATE OF INJURY

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WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED?

YES
NO

WERE SAFEGUARDS OR SAFETY EQUIPMENT USED?

YES
NO

ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED

HOW INJURY OR ILLNESS/ABNORMAL HEALTH CONDITION OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES DIRECTLY RESPONSIBLE.

IF FATAL, GIVE DATE OF DEATH

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MONTH		DAY		YEAR				

PHYSICIAN/HEALTH CARE PROVIDER

FIRST NAME:	LAST NAME:
STREET	
CITY	STATE ZIP

HOSPITAL NAME:	
STREET	
CITY	STATE ZIP

POLICY/SELF INSURED NUMBER:

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WITNESS FIRST NAME

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WITNESS PHONE NUMBER

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WITNESS LAST NAME

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<p>PERSON COMPLETING THIS FORM:</p> <p>NAME:</p> <p>TITLE:</p> <p>PHONE:</p>	<p>INSURANCE CARRIER OR THIRD PARTY ADMINISTRATOR (IF SELF-INSURED)</p> <p>NAME:</p> <p>STREET</p> <p>CITY STATE ZIP</p> <p>BUREAU CODE: FEIN:</p>
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DATE PREPARED

	-		-					
MONTH		DAY		YEAR				

- INITIAL TREATMENT:
- NO MEDICAL TREATMENT
 - MINOR BY EMPLOYEE
 - CLINIC / HOSPITAL
 - PANEL PHYSICIAN
 - EMPLOYEE PHYSICIAN
 - EMERGENCY CARE
 - HOSPITALIZED MORE THAN 24 HOURS

POLICY PERIOD FROM:

	-		-					
MONTH		DAY		YEAR				

POLICY PERIOD TO:

	-		-					
MONTH		DAY		YEAR				



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Any individual filing misleading or incomplete information knowingly and with intent to defraud is in violation of Section 1102 of the Pennsylvania Workers' Compensation Act and may also be subject to criminal and civil penalties through Pennsylvania Act 165.