

## Work Injury Questionnaire

**These answers to the questions below will be used to complete the paperwork required by the Department of Labor and Industries. Please answer completely and accurately.**

1. Name \_\_\_\_\_
2. Date of Injury \_\_\_\_\_ Time of Injury \_\_\_\_\_ a.m p.m
3. Day Swing Night Shift (circle one)
4. Part of body injured \_\_\_\_\_

Describe in detail how your injury or exposure occurred

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5. Where you doing your regular job? Yes No (circle one)
  6. Where did the injury or exposure occur? (circle one) Employee Premise Jobsite Other  
Address where injury or exposure occurred (Business name if at business location)
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7. Was this incident caused by failure of a machine or product OR someone who is not a co-worker? (Circle one) Yes No Possibly

8. List any witnesses \_\_\_\_\_

9. Did you report the incident to your employer? Yes No

10. Name/title of person reported to \_\_\_\_\_

11. Date you reported it \_\_\_\_\_

12. Have you ever been treated for same or similar condition? (if yes, please give year, physician and city) \_\_\_\_\_

13. Was your employer providing you and or family with medical, dental or vision insurance on the day you were injured? Yes No

14. Name of employer \_\_\_\_\_

Type of business \_\_\_\_\_

Employer address \_\_\_\_\_

15. Your job title and duties \_\_\_\_\_

How long have you worked there? \_\_\_ Years \_\_\_ Months \_\_\_ Weeks \_\_\_ Days

16. Employers Phone Number \_\_\_\_\_

Rate of pay at this job \$ \_\_\_\_\_ hour week day month Hours/day \_\_\_ Days/week \_\_\_

Additional Earnings \$ \_\_\_\_\_ (circle one) piecework tips commission bonuses

17. How many paying jobs do you have? \_\_\_\_\_

18. Dependent Children (Name & birthdate):

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19. Spouse's name (if married) \_\_\_\_\_ Name and address of children's legal guardian (if not living with you) \_\_\_\_\_

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