

EMPLOYEE REPORT OF WORK-RELATED INJURY

EMPLOYEE INFO	1) Employee Legal Name:				
	2) Mailing Address:				
	3) Street Address:		City:	State:	Zip:
	4) Phone:	5) Date of Birth:	6) Social Security #:	7) Marital Status:	
	8) Job Title:	9) Department:	10) Supervisor:		
	11) Normal Work Hours Begin:		End:	12) Work Location:	
	13) Do You Also Work For Another Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Name and Address:				

INJURY OCCURRENCE	14) Date of Injury:	15) Time:	16) Where Did Injury Happen?
	17) Date Reported to Employer:	18) Who Did You Report It To?:	19) Witnesses:
	20) Description of Injury Occurrence:		
	21) What Object, Substance or Exposure Contributed to Your Injury?		

MEDICAL	22) Treating Physician's Name and Address:	
	23) Description of Current Complaint(s):	
	24) Are You Still Being Treated For This Injury? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	25) Did You Lose Time From Work? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date of Incapacity:	

PRIOR INJURIES	26) Family Physician Name and Address:	
	27) Please Describe Any Prior Injuries:	
	28) Are You Still Treating For Prior Injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, With Whom?	

ACTIVITIES	29) In order to determine contributing factors, please select any of the activities that you participate in, perform or enjoy when not on the job (select all that apply) before and/or after your injury:			
	<input type="checkbox"/> Outdoor sports or activities	<input type="checkbox"/> Hunting / Fishing	<input type="checkbox"/> Home Renovations / Projects	<input type="checkbox"/> Crafting
	<input type="checkbox"/> Snowmobiling / Off-roading	<input type="checkbox"/> Motorcycling	<input type="checkbox"/> Knitting / Crocheting	<input type="checkbox"/> Other Hobbies
	<input type="checkbox"/> Other motor sports	<input type="checkbox"/> Woodworking	<input type="checkbox"/> Cycling / Other Sports	<input type="checkbox"/> Other
30) Please describe activities checked off above:				

★ Please Indicate Location of Injury on Diagram on Opposite Page (Over) ★

ACKNOWLEDGEMENT	
Today's Date: _____	Signature: _____
<p>MMTA WCT P.O. Box 5198, Augusta, ME 04332-5198 Phone (207)623-1807 Fax (207)622-6804</p>	<p>NOTICE It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits. 24-A M.R.S.A. Section 2186 (3)(A)</p>

INDICATE LOCATION OF INJURY ON DIAGRAM

