

INJURY QUESTIONNAIRE:

This information is needed for insurance to process your claim.

****PLEASE CIRCLE YES OR NO TO BOTH QUESTIONS****

Was the injury due to an auto accident: YES NO

Did the injury occur while on the job: YES NO

IF you answered YES to either questions, then please be sure that the front desk has the correct insurance coverage information (private insurances will not cover these incidents).

Print your name: _____

Signature: _____ Date: _____