REGISTER OF INJURIES

ORIGINAL

Name of injured worker.....

Occupation or job title.....

Date of injury..... ..... Hour..... a.m./p.m.

Worker's exact location at time of injury.....

Exact description of how injury sustained.....

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Nature of injury and body part(s) affected.....

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Details of treatment given.....

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Returned to work: Yes/No

Name of witness (if any) to the injury.....

Name of person making entry.....

Signature..... ..... Date of entry.....