

## Notification of Injury / Illness

Incident Only       Treatment Only       Time Lost from Work

### 1. Injured Workers Details

Claim number

Name

Gender  Male  Female      Date of birth    /    /

Address       Postcode

Home phone       Mobile phone       Occupation

### 2. Injury Details

Date of injury            /            /      Date ceased work

Has employee returned to work? (full duties)  Yes  No      Date            /            /

Returned on selected duties                     Yes  No      Date            /            /

Is employee still unfit for work?             Yes  No      Anticipated return date    /    /

Nature of injury / illness

Described how the injury/ illness happened

### 3. Treatment Details

Drs name       Or Hospital

Address

Phone number       Fax

### 4. Employers Comments

Policy number

Business name (as per policy)

Address       Postcode

Telephone       Employers fax

Date employee notified employer of injury / illness    /    /      Cost centre

Date Rehabilitation Co-ordinator notified of injury / illness

Employer contact / Name of person notifying of injury

Notifiers' relationship to worker / employer

Phone / Fax       Email

Wage rate (\$ per week)       Award hours worked per week (Max 40)

Comments

Employer signature