

Workers Compensation Injuries

Injuries involving Lifting:

From where were you lifting the object?

How many pounds was the object you were lifting?

What position were you in while lifting the object?

What type of pain did you feel immediately after the injury?

Injuries involving Falling:

Where at work did you fall?

What part of your body did you land on?

What other areas were injured as a result of your fall?

Other work related injuries:

Other type of accident (if not caused by lifting or a fall)? _____

Job Analysis:

What regular activities do you perform at your job?

How much do you regularly lift at your job?

Are you required to regularly bend over while lifting at your job?

Are your hands subject to repetitive movements? _____ Such as? _____

How many hours are you required to regularly perform each of the following activities at your job?

Sitting _____

Standing _____

Walking _____

Lifting _____

Check below if applicable:

___ Did you report this injury in writing at work?