

### WORKERS' COMPENSATION CHECKLIST

**Employee Name:** \_\_\_\_\_

**Date of Injury:** \_\_\_\_\_

**First Report of Injury**

**Verified Wage Statement**

- ☐ Gross wages for 52 weeks preceding and including date of injury
- ☐ Fully complete Wage Statement

**Panel of Physicians – signed by employee**

**HIPAA Release – signed by employee**

**C-31 Medical Waiver**

**Employee Accident Report**

**Supervisor's Accident Investigation Report**

**Written Job Description**

**Employee's Prior Employment History as contained within your personnel records**

**Employee's Highest Level of Education**

**Preparer's Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

*Please submit with First Report of Injury Form within 24 hours*