

WORK COMP INJURY INFO.

- **If your injury involved LIFTING, complete this section:**

From where were you lifting an object?

Ground Level A surface below ground level A surface 1-3 feet high
 A surface 3-5 feet high A surface above 5 feet

- **How many pounds was the object you were lifting?**

1-5lbs 5-10lbs 10-20lbs 20-40lbs 40-60lbs Over 60lbs

- **What position were you in while lifting the object?**

Back was upright and straight Bent over at the waist Twisted to the left side Twisted to the right side

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

Gripping pain Sharp pain Dull pain Aches Popping feeling Paralysis

- **If your injury involved FALLING, complete this section:**

From where did you fall at work?

Onto the ground while walking Onto the ground while running From 1-3 feet high From 3-5 feet high
 From 5-8 feet high From higher than 8 feet

- **What part of your body did you land on?**

Head Neck Right Shoulder Left Shoulder Right Arm Left Arm Right Hand Left Hand
 Back Right Buttock Left Buttock Tail Bone Right Hip Left Hip Right Leg Left Leg
 Right Knee Left Knee Right Foot Left Foot

- **Other work related injuries:**

Raised up from bending over Twisted at the waist Wrist injury from repetitive use Wrist injury from pulling

- **Job Analysis information:**

What regular activities did you perform at work?

Sitting Standing Walking Running Driving Lifting Bending/Stooping Squatting
 Crawling Climbing Crouching Reach above shoulders Kneeling Pushing/Pulling
 Maintain awkward position

- **How much do you regularly lift at your job?**

Little to none 1-10lbs 10-20lbs 20-40lbs 40-60lbs 60-80lbs 80-100lbs
 Over 100lbs

- **Do you regularly bend over while lifting?**

Yes No

- **Are your hands subject to any of the below repetitive movements?**

Light grasping (left hand) Light grasping (right hand) Light grasping both Firm grasping (left hand)
 Firm grasping (right hand) Firm grasping (both) Typing Using a computer mouse

- **How many hours do you regularly perform the below activities?**

Sitting: 1-2 hours 2-4 hours 4-6 hours 6-8 hours

Standing: 1-2 hours 2-4 hours 4-6 hours 6-8 hours

Walking: 1-2 hours 2-4 hours 4-6 hours 6-8 hours

Lifting: 1-2 hours 2-4 hours 4-6 hours 6-8 hours