

Operational Services

Exhibit – Employee Weekly Questionnaire

WORKERS' COMPENSATION REPORT

Name _____

Date _____

Position/Location _____

Date of Injury _____

Name/Address/Phone of Doctor _____

Please answer the following questions:

1. When did you last see your doctor? _____

2. When is your next doctor's appointment? _____

3. What kind of treatment are you receiving? _____

4. How are you doing? _____

5. When do you expect to return to work? _____

6. Would you prefer to be included in a modified work assignment? _____

7. If not, why? _____

Reviewed by: _____

Employee: _____

Date: _____

ADOPTED: 2/13/1995
REVISED: 2/8/2000
REVIEWED: 12/12/1995, 2/27/1996