

## Statement of Injury

Date of Injury \_\_\_\_\_

Time of Injury \_\_\_\_\_

How did the injury occur?

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Where were you when the injury occurred? \_\_\_\_\_

What is your status following the injury? Please check one:

- Requires considerable assistance
- Requires occasional assistance
- Normal activity with effort
- Able to carry on normal activity
- Disabled

\_\_\_\_\_

Signature

\_\_\_\_\_

\_\_\_\_\_

Date

Relationship to patient if other than self