



ARCHDIOCESE OF WASHINGTON

Archdiocesan Pastoral Center: 5001 Eastern Avenue, Hyattsville, MD 20782-3447
Mailing Address: Post Office Box 29260, Washington, DC 20017-0260
301-853-4500 TDD 301-853-5300

Workman Compensation INJURY INTAKE FORM

TO: (Location Number, Contact Name & Number & Email Address)	
RE: (Employee name)	
Date & Time of Injury	
Description:	
How did the injury occur/Injury Incident:	
Where were you when Injury occurred?:	
Notes:	
Physician Instructions:	
Work Status: (Can the employee return to work?)	Yes or No
Restrictions:	
Follow Up:	
Work Restrictions Assessment:	
Report Prepared by: (Name, Contact Number & Email Address)	