



County of DuPage

Employee Statement of Injury / Illness

To be completed by the Employee as soon as possible following a work-related injury / illness.
I understand it is unlawful to willfully make a false statement for the purposes of obtaining benefits.
Answer All Questions Failure to complete this form in full may result in a delay of benefits.

1. Employee Name _____ Home Phone # (____) _____
2. Employee ID # _____ Birth date _____ Date of Hire _____ Time on Present Job _____
3. Employee Department and Job Title _____
4. Date of Incident _____ Time of Incident _____
5. Location of Incident _____
6. Circle body part affected on page 2 and indicate P, T, N, B, or S as defined on picture:
7. Describe in detail the work being performed at time of incident – how the injury / illness occurred

8. Did the injury / illness occur because of a specific incident or did it develop gradually? Specific Incident Gradually
If pain developed gradually, on what date did you first notice pain? _____
9. Did any unusual circumstance contribute to your injury / illness? Yes No
If yes, please explain (i.e. equipment failure, weather conditions, wet floor, etc.)

10. Did you discuss your injury / illness with other employees? Yes No
If yes, with whom and when?

11. Did anyone witness your injury / illness? Yes No
If yes, list name(s) of witnesses

12. Did you call Nurse Triage 877-764-3574 to report it? Yes No
13. Complete the online Preferred Provider Program Participation Election Form at www.dupageco.org/HR/PPP/Acknowledge/
14. Did you receive First Aid or Self -Treat? Yes No
15. If you received professional medical treatment for your injury / illness by a provider outside of the County WC PPP, list the doctor's name, phone number and address.

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PAIN DIAGRAM

NAME: _____ TODAY'S DATE: _____

PLEASE COMPLETE THE FOLLOWING "PAIN DIAGRAM" BY USING LETTERS AT THE LEFT TO INDICATE ON THE DIAGRAM YOUR AREAS OF PAIN:

PAIN (P)
TINGLING (T)
NUMBNESS (N)
BURNING (B)
STIFFNESS (S)

SIGNATURE: _____

