

EAST LAKE TARPON SPECIAL FIRE CONTROL DISTRICT

Workers Compensation Worksheet

Revised August 15, 2012

1. Employee Name: _____
2. Social Security Number: _____
3. Date and time of accident: _____
4. Employee home address: _____

5. Employee telephone number: _____
6. Employee occupation: _____
7. Employee date of birth: _____
8. Employee gender: Male Female
9. Injury/illness that occurred: _____
10. Part of the body affected: _____
11. A description of the incident including cause of injury: _____

12. Address of the accident: _____

13. Returned to work: Yes No
14. Employee rate of pay: _____
15. Name, address, and telephone number of physician or hospital where treated:

