

# General Information

Fill this form out NOW so it will be ready if you need it.

This form will help you keep important information you will need if you are injured on-the-job.  
(Make copies of this form for co-workers and friends)

**Name:** \_\_\_\_\_

**My employer's name:** \_\_\_\_\_

Employer's address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Employer's Phone Number:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

**Supervisor's Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

## Employer is Insured by:

**Name of Insurance Company  
Or Self-Insurance Program:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

## Employer's instructions for work-related medical care:

**Nearest Emergency Room:** \_\_\_\_\_

(Note: In an emergency I may go to the nearest emergency room if it is closer than the one named here.)

**Non-emergency medical care located at:** \_\_\_\_\_