

Workers' Compensation Claim Form

Instructions: Employee's Supervisor to complete the claim form and forwarded to HRConnect Workers Compensation Team. * Injury Description Codes are listed on page 2 of this form.

Basic Data:

Date of Report	Date of Injury	University	Injury Type <input type="checkbox"/> Incident Only (No medical treatment or lost time) <input type="checkbox"/> Medical Only <input type="checkbox"/> Medical Treatment & Lost Time
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Employee Information:

Employee Last Name	Employee First Name	M.I.	Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Employee Home Address		City	State	Zip Code
Residence County	Home Telephone Number	Married <input type="checkbox"/> Y <input type="checkbox"/> N	# Dependents if work-related death	Employment Status <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temporary/Seasonal

Employer Information:

University	Job Classification/Job Title	Date of Hire		
Department	Name of Supervisor	Work Telephone Number		
University Address	City	State	Zip	County

Injury Date Information (enter times as military time):

Time of Injury	Date of Death	Date Employer Knew of Injury	Shift Start Time	
Last Full Day Worked	Date Disability Began	Date Returned to Work	At Same Wages? <input type="checkbox"/> Y <input type="checkbox"/> N	Occur During Overtime? <input type="checkbox"/> Y <input type="checkbox"/> N

Injury Description Information:

Injury on Employer Premises? <input type="checkbox"/> Y <input type="checkbox"/> N	If not in PA, list state	If not on premises, list address of accident
Cause Code*	Cause of injury additional information	
Injury Type Code 1 *	Injury Type Code 2 *	Type of injury additional information and severity
Body Part Code 1 *	Body Part Code 2 *	Body part affected additional information (example, left, right, upper, lower, etc.)

List all equipment, materials or chemicals employee was using when accident or illness occurred

Describe how injury or illness or abnormal health condition occurred. Describe the sequence of events and include any objects or substances directly responsible. Use abbreviations and short statements to include who, what, where why and how. What shall be the job assignment the employee was performing when injured.

Any tools involved? <input type="checkbox"/> Y <input type="checkbox"/> N	Any mechanical defect? <input type="checkbox"/> Y <input type="checkbox"/> N	Unsafe act? <input type="checkbox"/> Y <input type="checkbox"/> N	Unsafe condition? <input type="checkbox"/> Y <input type="checkbox"/> N	Amputation? <input type="checkbox"/> Y <input type="checkbox"/> N
Motor vehicle accident? <input type="checkbox"/> Y <input type="checkbox"/> N	Safeguards or safety equipment provided? <input type="checkbox"/> Y <input type="checkbox"/> N	Safeguards or safety equipment used? <input type="checkbox"/> Y <input type="checkbox"/> N		

Medical Information:

Panel of physicians? <input type="checkbox"/> Y <input type="checkbox"/> N	Initial treatment	Medical provider name and address
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Employer Comments and Signature

Other information about injury, including names and telephone numbers of any witnesses.

Name of Supervisor completing form	Supervisor Signature
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Injury Type Codes

01	No Physical Injury	34	Hernia	59	All Othr Spc Inj NOC	75	AIDS
02	Amputation	36	Infection	60	Dust Disease, NOC	76	VDT-Related Disease
03	Angina Pectoris	37	Inflammation	61	Asbestosis	77	Mental Stress
04	Burn	38	Adverse Reaction	62	Black Lung	78	Carpel Tunnel Syndrm
07	Concussion	40	Laceration	63	Byssinosis	79	Hepatitis C
08	Hearing Loss	41	Myocardial Infarctn	64	Silicosis	80	Other Cumulative Inj
10	Contusion	42	Poisoning-General	65	Rsprtry Dsrdrs	83	COVID-19
13	Crushing	43	Puncture	66	Poison-Chem(non-mtls)	90	Mltpl Physical Inj
16	Dislocation	46	Rupture	67	Poisoning-Metal	91	Mltpl Inj Phys/Psych
19	Electric Shock	47	Severance	68	Dermatitis	A1	Animal Bite
22	Enucleation/Removal	49	Sprain	69	Mental Disorder	A2	Abrasion
25	Foreign Body	52	Strain	70	Radiation	A4	Human Bite
28	Fracture	53	Syncope/Fainting	71	Othr Occ Dse Inj NOC	A5	Insect Bite/Sting
30	Freezing	54	Asphyxiation	72	Loss of Hearing	A7	Lyme Disease
31	Hearing Loss/Imprmnt	55	Vascular	73	Contagious Disease	A8	Stab Wound
32	Heat Prostration	58	Vision Loss	74	Cancer	A9	Gunshot Wound

Body Part Codes

1	Multiple Head Injury	24	Larynx	41	Upr Bck Area(Thrcic)	55	Ankle
11	Skull	25	Neck - Soft Tissue	42	Lw Bck Area(Lbr&Lbo)	56	Foot
12	Brain	26	Trachea	43	Back/Disc	57	Toe(s)
13	Ear(s)	30	Mltple Upr Extrmtes	44	Chest(Ribs&Sft Tsue)	58	Great Toe
14	Eye(s)	31	Upr Arm(Clvcl-Scpla)	45	Sacrum and Coccyx	60	Lungs
15	Nose	32	Elbow	46	Pelvis	61	Abdomen incl Groin
16	Teeth	33	Lower Arm	47	Back - Spinal Cord	62	Buttocks
17	Mouth	34	Wrist	48	Internal Organs	63	Lumbar/Sacral Vertbr
18	Head - Soft Tissue	35	Hand	49	Heart	64	Artificial Appliance
19	Facial Bones	36	Finger(s)	50	Mltple Lwr Extrmtes	65	Insf Info 2 Prop Id
20	Neck - Multiple Inj	37	Thumb	51	Hip	66	No Physical Injury
21	Vertebrae	38	Shoulder	52	Upper Leg	90	Multiple Body Parts
22	Neck - Disc	39	Wrist(s) and Hand(s)	53	Knee	91	Bdy Sys/Mtpl Bdy Sys
23	Neck - Spinal Cord	40	Multiple Trunk	54	Lower Leg		

Cause Codes

Burn, Heat Or Cold Expos.		15	Cut/Inj By-Brkn Glas	57*	Str/Inj By-Push/Pull	80*	Strk-Obj Hndl by Oth
2*	Burn-Cntct w/ Object	17	Cut-Obj Lftd/Handld	58*	Strain/Inj By-Reach	86	Inj By-Explosion
3*	Burn-Temp Extremes	Fall or Slip		60*	Strain/Inj By-Misc	Rubbed or Abraided	
1*	Burn-Acid Chem	25*	Fall/Slip-Diff Level	54	Strain/Inj By-Jump	94*	Rept Motn
84*	Electrical Current	29*	Fall/Slip-Same Level	59	Str/Inj By-Tool/Mach	95*	Rub/Abraid-Misc
A3*	Heat Exhaust/Stroke	33	Fall/Slip-On Stairs	61	Strain/Inj By-Throw	Miscellaneous	
4	Burn-Fire or Flame	26	Fall/Slip-Ladder	97	Strain-Repitv Motion	A6*	Human Bite
5	Burn-Steam/Hot Fluid	28	Fal/Slp-Into Opening	53	Strain/Inj By-Twist	90*	Othr than Phys Caus
11	Burn-Cold Obj/ Subst	32	Fall/Slip-Ice/Snow	Strike Against or Step On		52*	Strain/Inj By-Noise
7	Burn-Welding	27	Fall/Slip-Liquid	70*	Step On/Strike-Misc	85*	Inj By-Anmal/Insct
8	Burn-Radiation	30	Slip-Did Not Fall	65	Step/Strik-Machine	89*	Misc-Person/Crime
6	Burn-Dst/Gas/Fms/Vpr	31	Fall/Slip-Misc	66	Step/Strk-Obj Handld	B1*	Microbiological Exp
14	Brn-Abnml Air Presur	Motor Vehicle		67	Step/Strik-Scraping	82*	Misc-Absorb/Ingest
9	Burn-Miscellaneous	50*	Motr Veh-Misc	68	Step/Strk-Statnry Ob	A2*	Exp Misc Viral Infec
Caught In or Betetween		46	Motr Veh-Hit Fxd Obj	69	Step/Strik-Sharp Obj	A4*	Exp to Skin Irritant
13*	Caught In/Betwn-Misc	45	Motr Veh-Veh Colison	Struck By		87*	Forgn Matter in Eye
10	Caught In-Machinery	48	Motr Veh-Veh Upset	74*	Struck-Cowrker/Other	98	Misc-Cumulative
12	Caught In-Obj Handld	41	Motr Veh-Train	75*	Struck-Fall/Fly Obj	A5	Gunshot Wound
20	Caught In-Collapse	47	Motr Veh-Airplane	76*	Struck-Tool/Machine	A7	Exposure to TB
Cut, Puncture or Scrape		40	Motr Veh-Water Veh	81*	Struck/Inj By-Misc	A8	Exp to Hepatitis B
16*	Cut/Inj By-Hand Tool	Strain or Injury By		77	Struck-Motor Veh	A9	Exposure to HIV
18*	Cut/Inj By-Powr Tool	55*	Strn/Inj-Hold/Carry	78	Struk-Machine In Use	83	Pandemic
19*	Cut/Inj By-Misc	56*	Strain/Inj By-Lift	79	Struck-Obj Handled	99	Misc-Other**

* Recommended cause code

** Code should rarely be used