Medical Data

Identification

Name of job

Date

Department

Analyst

Workstation

Injury/illness summary

Use this form to document injury/illness information relating to a specific job task or workstation. The information can come from the OSHA 300 log, worker's compensation reports, etc. Medical information should be regarded as confidential and individual employee names should not be included on the form.

Body part	Description of injury/illness	Date	# lost days	# restricted days

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