HMOOB / *HMONG*

State of Wisconsin
University Of Wisconsin System
UW-
UWS/OSLP-1Emp (10/2009)

NEEG UA NUM DAIM NTAWV TEEV QHIA
RAUG MOB THIAB MOB NTAWM HAUJLWM
(Employee´s Work Injury and Illness Report)

THOV NTAUS LOS SAU TUS LOJ

KEV QHIA YUAV UA LI CAS:
1. **Teev tsis pub dhau 24 teev tom qab raug mob.**
2. **Kos thiab tso hnub teev daim ntawv qhia**
3. **Tej lus muaj nug hais rau koj tus *Worker's Compensation Coordinator*.**

<table>
<tr><td colspan="2">RAU LUB CHAW UA NUM SIV XWB
(FOR AGENCY USE ONLY)</td></tr>
<tr><td colspan="2"><i>Claim Number</i></td></tr>
<tr><td colspan="2"><i>Claim Examiner / Representative</i></td></tr>
</table>

Tus Neeg Ua Num Npe (raws li daim tw nyiaj them)		Caij Raug Mob	Sawv ntxov Tsaus ntuj	Hnub Raug Mob
Xovtooj ntawm haujlwm ( )	Xovtooj tom tsev ( )		Tus najnpawb Social Security (plaub tug tom kawg) * XXX-XX-	

Puas tau mus ntsib kev pab rau qhov raug mob? ☐ Mus ☐ Tsis mus
Kev pab tamsim xwb *(First aid only)* ☐ Mus ☐ Tsis mus
Caij xiam ua tsis tau num ☐ Muaj ☐ Tsis muaj
Hnub ua num kawg (hli / hnub / xyoo)

Npe thiab Chaw Nyob Tus/Tsev pab qhov raug mob

Qhov chaw tseeb uas muaj qhov teebmeem raug mob (hauv tsev, nraum zoov, lub npe tsev, chav, lub tsheb, los xws li..)

Cov phis nyas pom (npe, chaw nyob, xovtooj)

Thov sau qhia kom tseeb koj ua dabtsi thaum raug mob / muaj mob ntawd. Teebmeem tshwm sim li cas?

Hnub tau qhia qhov raug mob/muaj mob rau kuv tus thawjsaib (Hli, Hnub, Xyoos)

Qhov raug ntawm lub cev (Kos **Txhua qhov** raug, thiab khij vajvoog rau qhov yog)   (Ntiv tes xoo = ntiv tes 1, Ntiv taw xoo = Ntiv taw 1)

Npab	Nrobqaum U M L	Ntiv tes R L 1 2 3 4 5	Tobhau	Qhovncauj	Xwbpwg R L
Dabtaws R L	Qhovmuag R L	Kotaw R L	Hauvcaug R L	Cajdab	Ntiv taw R L 1 2 3 4 5
Npab R L	Luj tshib R L	Tes R L	Ceg R L	Qhovntswg	Dabtes R L

Lwm qhov (Thov qhia kom tseeb)   Rau raug mob tes thiab cajnpab thov khij vajvoog raug sab npab koj xis :   Sab xis   Sab laug

Koj puas tau mus ntsib kev pab rau raugmob li yam no dua? ☐ Mus dua ☐ Tsis tau	Yog mus dua, hnub mus ntsib	Npe Tus Kws pab, hoomaum los lub tsev uas koj tau mus ntsib kev pab rau qhov raug mob no:

Thov ua tib zoo twm. Kuv pomzoo tias cov lus sau no muaj tseeb thiab raws li muaj thiab kuv totaub tias xwb tim dag rau nyiaj raugmob txhaum xeev tus cai, uas tejzaum yuav raug nplua, kaw, los ncaws tawm haujlwm. Ntxiv, kuv totaub tias kos npe rau hauv qab no tso cai rau cov kws kuaj mob, ntsuam xyuas kev nyuajsiab thiab zuaj ib ce muab kuv cov ntaub ntawv kuaj mob, ntsuam xyuas kev nyuaj siab thiab zuaj ib ce rau xeev *Wisconsin, University Of Wisconsin System, Office of Safety and Loss Prevention, Worker's Compensation Department*, los cov sawv cev, nyob ntawm 780 Regent Street #145, Madison, WI 53715-2635

✍ **Tus Neeg Ua Num Kos Npe** _____   **Hnub** _____

<table>
<tr><td rowspan="2"><i>RAU LUB CHAW UA NUM SIV XWB (FOR AGENCY USE ONLY)</i></td><td align="center"><i>PRIMARY ORGANIZATION CODE</i></td><td><i>FUND NUMBER</i></td><td><i>%</i></td></tr>
<tr><td>1 -2 8 5 - 0 ___ - __ __ - __ __ __ __ __ __ __</td><td></td><td></td></tr>
<tr><td></td><td align="center"><i>SECONDARY ORGANIZATION CODE</i>
1 -2 8 5 - 0 ___ - __ __ - __ __ __ __ __ __ __</td><td><i>FUND NUMBER</i></td><td><i>%</i></td></tr>
</table>

LOSS DESCRIPTION CODES	*CAUSE / OCCURRENCE* __ __ __ __	*OBJECT* __ __ __	*RESULT* __ __ __ __	*LOCATION* __ __ __	*OCCUPATION* __ __ __ __

OSHA CODES	*Incident was OSHA "recordable"?* ☐ Yes ☐ No
Name of Authorized Representative	*Date*

*Yuav tsum muab koj tus najnpawb Social Security Number thiab yuav siv rau qhov zoo kom pab ua tau koj tej ntaub ntawv.