### Employee's Work Injury and Illness Report

**Claim Number**

**Claim Examiner / Representative**

<table>
<thead>
<tr>
<th>Date of Injury</th>
<th>Date of Medical Treatment</th>
<th>Description of Injury</th>
<th>Medical Treatment</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

**Description of Injury**

- [ ] Finger
- [ ] Ankle
- [ ] Foot
- [ ] Hand
- [ ] Leg
- [ ] Arm
- [ ] Shoulder
- [ ] Head
- [ ] Knee
- [ ] Elbow
- [ ] Neck
- [ ] Spine
- [ ] Back
- [ ] Hip
- [ ] Other

**Medical Treatment**

- [ ] Doctor's Visit
- [ ] X-Ray
- [ ] Physical Therapy
- [ ] Surgery
- [ ] Chiropractic

**Duration**

- [ ] 1-30 Days
- [ ] 31-90 Days
- [ ] 91-180 Days
- [ ] 181-365 Days
- [ ] Over 365 Days

**Risk Management (Office of Risk Management)**

780 Regent Street #145, Madison, WI 53715

[Claim Examiner / Representative]

[Date]

**Note:** This form is for agency use only.