

STOP! Only complete this form if you have been treated by a physician for the injury you are reporting!

Employee Report of Industrial Injury or Occupational Disease				
Employee: Complete this form online at http://www.retailassociationservices.com				
1. Injured Worker's Name:		2. Sought medical treatment from: <i>(Medical Provider/Facility)</i> Date:		3. Claim Number:
4. Name of Business you work for:		5. Social Security (last four): XXX-XX-	6. Date of Birth:	7. Date of Injury:
8. Business address:	9. Phone Numbers: Business # Home #	10. Reported to Supervisor: Date: Time:		11. Supervisor Info: Name: PH#:
13. Describe the incident in detail: <i>(how the injury happened, what you were doing when the injury occurred and where you were located at the time of injury)</i>				
14. Miss any time from work? Yes No If Yes, I missed work starting on _____ and returned to work on _____		15. Body part(s) injured or exposed – include side of body: <i>(left side/right side)</i>		
16. List any and all other medical providers that have treated you for this injury?		17. Have you had any prior injuries or surgeries to the affected injury area? <i>(Motor Vehicle Accident, slips, falls etc.) please describe:</i>		
18. Was there any defective equipment involved with your current injury? Yes No Possibly		19. Do you have any recreational activities: <i>(baseball, golf, ATV's, boating etc.) please describe:</i>		
20a. Are you currently working for another employer or generating an income from being self-employed? Yes No		20b. Please describe all of your job duties from question 20a?		
21. List any witnesses to the injury:				22. Did your symptoms come on gradually?
Name	Phone	Name	Phone	Yes No
Name	Phone	Name	Phone	
23. How long had you been performing this activity when you first noticed discomfort or pain: 1 day 2 days 1 week 1 month 2 months 1 year Other				
24. I declare these statements to be true to the best of my knowledge and belief.				
Signature		Date:	Email Address	
Home Address:		Street	City	State: Zip Code:



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P.O. Box 2227
Olympia, WA 98507-2227
(360)-943-1032 FAX

administration@retailassociationservices.com

Complete online at <http://www.retailassociationservices.com>

Or, fax completed form to 360-943-1032

Or mail to: Washington Retail Assoc., P.O. Box 2227, Olympia, WA 98507-2227

Or email to: administration@retailassociationservices.com

SUBMIT

1. Save to your Computer

2. Upload to RASI ==>

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