## <u>Personal Statement – CA-2</u>

Name:	
Claim Number:	
Date and Time of Injury:	
CA-2 or Occupational Disease is a very involved and Fed-Hurt to complete your claim we will need the fowith a detailed account of the following on a separate	ollowing information. Please provide us
1- Duties and responsibilities, in detail. create a tuntil the present. Describe ALL the different thing	·
2- What body part are you claiming is injured and injured?	d how OVER TIME did it get to be
3- Whom did you see and what treatment did you testing, treatment, etc.)	u receive - timeline. (Evaluations,
4- How the injury affects the job duties and responses?	onsibilities? how does it make the injury

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Patient Signature:	 <del></del>	Date	e:	