

## Personal Statement

Name: \_\_\_\_\_

Claim Number: \_\_\_\_\_

Date and Time of Injury: \_\_\_\_\_

Please, in your own words, describe the events of your injury. Be sure to include **ALL** of the following in your statement: 1) Date and time and where the injury occurred 2) What were you doing at the time the injury occurred? 3) Detailed description of how the injury happened. 4) What did you do immediately after your injury occurred? Example: Did you report injury, did you go to the hospital/urgent care. 5) How has being injured prevented you from performing your job duties?

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Patient Signature: \_\_\_\_\_

Today's Date \_\_\_\_\_