

OCCU 300 REPORT

Concentra Medical Centers

Identify the person		Describe the case				Classify the case										
(A) Case no.	(B) Employee's name	(C) Job title	(D) Date of injury or onset of illness	(E) Where the event occurred	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill	Using these four categories, check ONLY the most serious result for each case				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:				
						Death	Days away from work	Remained at work				(M)				
								Job transfer or restriction	Other recordable cases	On job transfer or restriction	Away from work	Injury	Skin disorder	Respiratory	Poisoning	All other illness
						(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* denotes closed cases