

# WORKCOVER

Workplace Injury Management and Workers Compensation Act 1998

## Register of Injuries

(Section 256)

ORIGINAL

FORM 3

### Particulars-

Name of injured worker: .....

Address: .....

Age: ..... Occupation .....

Industry in which worker was engaged: .....

Operation in which worker was engaged at time of injury: .....

Date of injury: ..... Hour: ..... a.m./p.m.

Nature of injury: .....

Cause of injury: .....

Remarks: .....

.....

.....

(Signed) .....

(Address) .....

(Date) .....

(Entries in this book should, if practicable, be made in ink)