

WORK COVER  
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 of day: ..... Day of week: .....

Nature of injury: .....

Cause of injury: .....

Remarks: .....

.....

.....

(Signed) .....

(Address) .....

(Date) .....

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