

Work Injury Medical Assessment Form

The **work injury medical assessment form** sample is designed to document the evaluation of injuries sustained in the workplace. It ensures accurate recording of medical findings, treatment plans, and recommendations for employee recovery. Using this standardized form helps streamline the injury reporting process and supports compliance with workplace safety regulations.

Employee Information

Employee Name:

Employee ID:

Department:

Date of Assessment:

Injury Details

Date of Injury:

Location of Injury (body part):

Description of Incident/Injury:

Medical Assessment

Medical Findings:

Treatment Provided:

Recommendations & Recovery

Fit for Work?

Select

Further Recommendations:

Medical Professional Information

Medical Professional Name:

Signature:

Date:

Submit Assessment