



## No Work Comp Injury Form

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

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

Employee: \_\_\_\_\_ SS#: \_\_\_\_\_

(Circle One):      New Hire Employee                      Rehired Employee

\_\_\_\_\_ has not had any workers compensation injuries  
(Employee Name)

occur from the employee start date of \_\_\_\_\_ to today's date \_\_\_\_\_.

\_\_\_\_\_  
Authorized Client Signature

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

\_\_\_\_\_  
Employee Signature

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

<p><b>Internal Office Use Only:</b> Received application by fax/email on _____, with a start date of _____</p>
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