

# Workersâ€™™ Compensation Claim Form for Temporary Workers

## Temporary Worker Information

Full Name

Date of Birth

SSN/ID

Address

Phone

Email

## Temporary Agency Information

Agency Name

Contact Person

Phone

Email

## Client Company Information

Company Name

Worksite Address

Supervisor

Department

## Incident Details

Date of Incident

Time of Incident

Location of Incident

Description of Incident

## Injury Information

Describe the Injury

Body Part(s) Affected

Action Taken

## Medical Treatment

Facility/Doctor Visited

Date of First Treatment

## Witness Information

Witness Name(s)

Witness Contact

**Certification**

Temporary Worker Signature

Date