

Section 2 – Information about The Injury

A. State the part(s) of the body injured:

B. Have you received a Permanent Partial Disability rating? ___yes ___no

If yes, please give the percent of disability _____%

If more than one doctor has given a PPD rating state below:

_____	_____%
Doctor's name	% of disability

C. Any work restrictions given by the doctor? _____yes _____no

If yes, please state the restrictions given and include whether they are Temporary or Permanent:

Section 3 – Information About Your Education

A. Last year of schooling completed in grades K-12 _____

B. Did you graduate from High School? _____yes _____no
Check one: Diploma? _____ GED? _____

C. List any additional schooling, job training, degrees, certificates, or licenses you have received:

Section 4 – Information on Work History.

Please briefly list jobs held during the past 10 years:

Are you unable to do any of these jobs? _____yes _____no
If yes, explain which jobs and why:

Are you currently working? _____yes _____no
Is this the job you held when injured? _____yes _____no
(If no to either question, explain)

Have Your Earnings changed because of injury? _____yes _____no
If yes, explain.

Section 5-Additional Information You Want to Share:(attach up to 2 additional pages, if necessary)

Section 6 – Certification and Signature

I certify that I have answered these questions to the best of my ability and that any statements written are accurate and true to the best of my knowledge.

Signature: _____ Date: _____

(Print name here): _____

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