

Ref:

Date:

PERSONAL & CONFIDENTIAL
Permanent Injury Assessment Form

Worker Information:			
Name of Worker	:	Age	:
Date of Birth (mm/dd/yyyy)	:	NID Number	:
Gender	:	MIS ID No	:
Name of the Factory	:		
Background of Accident:			
Date and Place of Accident/Incident (mm/dd/yyyy):			
Brief Description of Accident/Incident:			
Brief Description of the Injury from the Accident/Incidents as per Doctor's Prescription:			
Brief Description of the Treatment including any Surgery/Medication/Therapy as per Doctor's Prescription:			
Physical Examination Findings:			
Photograph of the injured Organ: (Photograph Attached)			
Injury Site/Location:			



Injury details and Description:

Limitations in Occupation and Activities of Daily Living: (Put a Tick Mark)	Yes	No

Disability (Loss of Earning) %	
Present Injury Matching BLA Schedule 1 Serial no:	
Disability (Loss of Earning) % as Per BLA Schedule 1:	

Signature: _____
Name:
Appointment:
Date:

