



**PEBA IN KAJJITÖK KÖN  
 JIBAÑ IN L.E.P. MED**

|                   |                  |
|-------------------|------------------|
| Unit eo           | Jikim ilo Jerbal |
| Nomba in Claim eo |                  |
| Raam in Kajjitök  |                  |
| Raam in Joraan    |                  |

**Wäween in kajjitök: 1) Kajemlok im jaini jekjen an ri-jerbal eo an peba in. 2) Kömmön bwe ri-kajerbal eo am im taktö eo am ren kajemlok jekjen ko aer. 3) Jilkinlok peba in ñan address eo ilo baran peba in.**  
 Kajjitök ko? Kwon könono ippen mäniya an claim ne am.

**Jekjen an Ri-Jerbal**

Ke iar bök joraan eo, iar jerbal: \_\_\_\_\_ awa aolep raan \_\_\_\_\_ raan ko aolep wiik  
 Kiiö ña ij jerbal: \_\_\_\_\_ awa aolep raan \_\_\_\_\_ raan ko aolep wiik  
**Aolepen oneaö, mokta jän owöj ko, jän raan \_\_\_\_\_ mae \_\_\_\_\_ kar \$ \_\_\_\_\_.**  
 Ilo raan in joraan eo am, ri-kajerbal eo am kar kölläiki ke jabdewot möttan jibañ an insurance eo am im/ak an baamle eo am kön äjmour, ñi ko ñiam im/ak lolokjen eo am/ami? Im/Ak kar kölläiki ke kön mweo imöm, kijöm, im/ak kaan (joruur)?  Aet  Jab  
 Kwoj ke böki wöt jibañ kein?  Aet  Jab Raan in jemlokin jibañ \_\_\_\_\_  
 Iaolepen raan kein in jerbal, ri-kajerbal eo aö ekar/ej kölläiki kön jibañ in äjmour, ñi ko ñiö im/ak lolokjen eo aö.  Aet  Jab  
**Ilo aö jaini ijin, ña ij kamool bwe: Imelele bwe elañne ij riab kön makutkut ko aö kab äjmour eo aö, ña inaaj aikuuj in karoolok jibañ ko aö im imaroñ bök kaje kön böd in ekkar ñan kien eo. Imelele bwe ij aikuuj in könnaan ilo peba in aolep jerbal emöj aö kommone (emöj aö bök köllä ak jab), elañne taktö eo aö ej kötlök iö bwe in bar lukkun jerbal, elañne ij bed ilo kalibuu jumin kaje, ak elañne ewör juon jenej in wön eo ej kajiriri ajiri ro neju.**

Rainin \_\_\_\_\_ Jaini an ri-jerbal eo \_\_\_\_\_

**Employer's Section** To be completed by employer or a copy of your payroll record for the above period can be attached.

Wages were paid for the period \_\_\_\_\_ to \_\_\_\_\_ Gross Wage paid \$ \_\_\_\_\_  
 During this period: # work hours available \_\_\_\_\_ # hours worked \_\_\_\_\_  
 Were vacation wages paid during this period?  No  Yes Amount paid \$ \_\_\_\_\_  
 Were sick leave wages paid during this period?  No  Yes Amount paid \$ \_\_\_\_\_  
 Were holiday wages paid during this period?  No  Yes Amount paid \$ \_\_\_\_\_  
 Are you currently contributing to the worker and/or worker's family medical, dental and/or vision benefits, or providing housing, board and/or fuel (utilities)?  No Date ended \_\_\_\_\_  
 Yes Amount of contribution \$ \_\_\_\_\_ Please check if your contribution was by the  Hour  Day  Week  Month

Name of employer \_\_\_\_\_ Phone Number \_\_\_\_\_

Date \_\_\_\_\_ **I certify that the earnings shown above are correct, according to our records.**  
 Employer's signature \_\_\_\_\_ Title \_\_\_\_\_

**Physician's Section** Diagnosis due to workplace injury or illness: \_\_\_\_\_

The present disability allows the worker to perform only  Modified/lighter duty  
 Reduced hours # hours per day \_\_\_\_\_ # days per week \_\_\_\_\_

List and explain physical restrictions: \_\_\_\_\_

Have you advised the worker to return to pre-injury work schedule or pre-injury duties?  No  Yes, on \_\_\_\_\_  
 If No, when do you anticipate the worker will be able to return to pre-injury work schedule or pre-injury duties? \_\_\_\_\_

Are there factors impeding recovery, such as unrelated medical conditions, socio-economic or chemical dependency?  Yes  No

If yes, explain and use additional sheets if needed. \_\_\_\_\_

Has the worker's condition, due to this injury, reached maximum medical improvement?  Yes  No

Will permanent impairment result from this injury?  Yes  No  Undetermined

Comments: \_\_\_\_\_

Phone # \_\_\_\_\_ Date \_\_\_\_\_ Physician's signature \_\_\_\_\_