



## Early Notification of Injury Form

Workers name:  
Workers address:  
Workers phone number:  
Workers date of birth:  
Name of Employer:  
Date employment commenced: Permanent  Casual   
Occupation of worker:  
Shift/Roster Day  Afternoon  Night  Weekend  Rotating   
Other please specify:

Date of Injury:  
Colliery or site where injury occurred:  
Date injury reported to employer or supervisor:  
Has the worker advised the employer that a claim is to be submitted? YES  NO   
If YES, date employer first became aware that a claim is to be submitted:  
Date CMI advised or first became aware that a claim was to be submitted:  
Part of body injured:  
Type of injury:  
Has the worker sought medical treatment? YES  NO   
If YES, name of Doctor or Hospital where treated:  
**Work Status**  
Off work  At work suitable duties  At work pre-injury duties

Comments:

Reported to CMI by:

Date:

Report completed by:

Date:

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