

Medical Data

dentification	Name of job		Date			
	Department		Analyst			
	Workstation					
njury/illness summary	Use this form to document injury/illness information relating to a specific job task or workstation. The information can come from the OSHA 300 log, worker's compensation reports, etc. Medical information should be regarded as confidential and individual employee names should not be included on the form.					
	Body part	Description of injury/illness		Date	# lost days	# restricted days