

Workers' Compensation Exit Questionnaire

Employee Name: _____

Employer Name: _____

Department: _____ Today's Date: _____

Job Title: _____

Manager: _____

Last day of work: _____ The reason for the job separation: _____

Have you been involved in any incidents, or had any injury while in our employ which has not been reported or for which a workers' compensation claim has not been filed?

No Yes (please describe) _____

_____.

Have you experienced any physical symptoms that you feel are work-related which you have not reported or for which you have not filed a claim?

No Yes (please describe) _____

_____.

Employee Signature: _____ Date: _____

Employer Signature: _____ Date: _____