



WORKERS' COMPENSATION STATEMENT

Prior to your employment at Brown, we need information about Workers' Compensation claims you have made in the past. We are required to ask for this information by the R.I. Workers' Compensation Act, R.I. Gen. Laws 28-37-1 et. seq., a law which also establishes a fund to encourage employers to hire people who have been receiving Workers' Compensation for job-incurred injury or illness. Those disabilities are not a bar to employment with the university, but are considered only as they pertain to specific job requirements.

Although the university does not require you to answer the following questions, R.I. law (R.I. Gen. Laws 28-35-57-1) makes you ineligible for Workers' Compensation for two years if you fail now to disclose prior injuries or provide false information.

The information you provide will be kept in the Office of Risk Management, and not in your official personnel file.

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Have you read and understood the above? Yes _____ No _____

Have you ever received Workers' Compensation? Yes _____ No _____

If yes, please list the dates of all claims and the nature of your injury:

Name: _____ Title: _____
(Please Print)

Department: _____

Signature Date

Personnel: PVA# _____ Hire Date: _____

Applicant declined to sign form: _____ (Examiner's Initial)

Health Services Examiner: _____