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WorkCover/Third Party Registration Form (Total 1 pages)

This information will be recorded on your medical certificates. - Copyright January 2013

DATE:.....

NAME & SURNAME:

INSURER: Please circle

WorkCover Qld Cambridge Allianz GIO Coles Other:.....

CLAIM NO.....

CASE MANAGER.....tel:

OCCUPATION.....

EMPLOYER'S NAME:.....tel:.....

COMPANY NAME:.....tel:.....

COMPANY ADDRESS:

.....STATE.....P/CODE.....

DATE OF INJURY.....

TYPE OF INJURY.....

In your words, how did this injury occur?.....

.....

.....

Office Use Only

Approved by: Date:

Above information advised by the following: Please circle

Patient Employer Insurer Other:.....