

# Workers Compensation

**Employee Name:** Akayla Horton  
**Employer:** Southern medical  
**DOB:** 09/13/2002  
**Gender:** Female  
**Social Security Number:** 9352  
**Telephone Number:** 6016452245  
**Address:** 207 West Highland St  
**Employee Signature:** Akayla Horton  
**Date:** 11/30/2022  
**Employer Witness:** -  
**Date:** -  
**Disease And Other Medical Condition:** igrane Headaches

## Surgical Treatment

**Spinal Disc Surgery:**  
**Spinal Fusion Surgery:**  
**Amputated Foot:**  
**Amputated Leg:**  
**Amputated Arm:**  
**Amputated Hand:**  
**Knee Replacment:**  
**Hip Replacment:**  
**Other Joint Replacment:** No  
**OtherJoint:** -  
**Year:** -  
**Other Surgical Procedure:** No  
**Procedure:** -  
**Year:** -  
**Employee Signature:** -  
**Date:** -  
**Employer Witness:** -  
**Date:** -

## Explanation Page

**Condition:** -  
**Year Diagnosed(approx):** -  
**Are You Still Treating For Condition:** -  
**Are you taking medication for this condition?:** -  
**Do you have any permanent restriction for this condition?** -  
**Breif Explanation :** -  
**Condition:** -  
**Year Diagnosed(approx):** -  
**Are You Still Treating For Condition:** -  
**are you taking medication for this condition?:** -

Do you have any permanent restriction for this condition? -

Breif Explanation : -

Condition: -

Year Diagnosed(approx): -

Are You Still Treating For Condition: -

Are you taking medication for this condition?: -

Do you have any permanent restriction for this condition? -

Breif Explanation : -

Condition: -

Year Diagnosed(approx): -

Are You Still Treating For Condition: -

are you taking medication for this condition?: -

Do you have any permanent restriction for this condition? -

Breif Explanation : -

Employee Signature: -

Date: -

Employer Witness: -

Date: -

**Please answer the Following questions.**

Has Any Doctor ever restricted your activities? No

If Yes,please list the restriction: -

Where the restiction: -

Are you currently resticted?: No

What is the medical condition for which you are restricted: -

Are you presently treating with a doctor, chiropractor,psychiatrist,psychologist or other health care provider? No

Please list medical condition being treated: -

Doctor Name: -

Specialty: -

Doctor's Address: -

Medication: -

Doctor: -

Medication: -

Doctor: -

Have you ever had an on the job accident?: No

if you answered yes,please provide the date for each inquiry and the nature of inquiry.: -

How Long were you on compensation: -

Name of employer: -

Has a doctor recommended a surgical procedure, which has not been completed prior to this date, including but not limited to knee,hip or shoulder replacement?: No

if you answered yes, please provide :

**Recommended Surgery :** -  
**Approximate date for recommendation:** -  
**Doctor's Name:** -  
**Specialty:** -  
**Doctor's Address** -  
**Employee Signature:** -  
**Date:** -  
**Employer Witness:** -  
**Date:** -

## Warning

**FAILURE TO ANSWER TRUTHFULLY AND / OR CORRECTLY TO ANY OF THE QUESTIONS ON THIS FORM MAY RESULT IN A FORFEITURE OF YOUR WORKERS COMPENSATION BENEFITS UNDER LA R.S.23:1208.1.**

I have completed this form honestly and to the best of my knowledge. I understand that providing false information or omitting pertinent information could result in the loss of my worker's compensation benefits should I become injured on the job.

I am an authorized representative of the employer designated to obtain and review the information provided by the employee on this questionnaire. I have confirmed that the employee understands the consequences associated with providing false information or omitting pertinent information. I have confirmed that the employee is able to read and understand the information provided on this questionnaire or I have personally read the questionnaire to the employee. I have provided the employee with as many copies of the Explanation page as needed. I have confirmed the number of and labeled the pages of this questionnaire.

**Employee Signature:** Akayla Horton  
**Date:** 11/30/2022  
**Employee Printed:** Akayla Horton