MASSACHUSETTS EDUCATION & GOVERNMENT ASSOCIATION

MEDICAL ONLY NOTICE OF INJURY

If employee is disabled for 5 or more days, please complete First Report of Injury – Form 101
(*An asterisk denotes a required field)

***Employer:** _____ MEGA Location #: X340_____

***Employee's Name**_____ ***DOB:** _____

***Address** _____

City**_____State**_____***Zip Code**_____

Home Phone #:_____ ***Social Security #:**_____

Department: _____ Job Title: _____ DOH: _____

Rate of Pay:_____ ***Date of Incident** ___/___/____ Time _____

Location _____ Body Part: _____

Type of Injury (strain, laceration, etc)_____

Describe what happened _____

_____

_____

Name of Witness(es) _____

To whom was accident/incident reported to? _____Date Reported_____

***Was medical attention sought? Yes ___ No ____ If yes, *Where?** _____

***Date employee RTW**_____

Information Release
I hereby authorize Massachusetts Education and Government Association Property & Casualty Group, Inc. (MEGA), or any of its representatives to be furnished any information and facts regarding medical services rendered to me by any medical provider, including reports/records, results of diagnosis, treatment and prognosis, estimates of disability and recommendations for further treatment. This information is to be used for the purpose of evaluating and handling my claim for injury as a result of an incident occurring on or about the above indicated date of injury and for no other purpose, now or in the future.

Employee Signature: _____ Date: _____

Supervisor Comments _____

_____

Supervisor Signature: _____ Date: _____

Please mail or fax completed form :

100 Quannapowitt Parkway, Suite 201 Wakefield, MA 01880
Phone: 781-683-1000 Fax: 781-246-3425