



MASSACHUSETTS EDUCATION & GOVERNMENT ASSOCIATION WORKERS' COMPENSATION GROUP, LLC

MEDICAL ONLY NOTICE OF INJURY

REPORT INJURY WITHIN 24 HOURS

If employee is disabled for 5 or more days, please complete First Report of Injury - Form 101

Employer Employee ID # MEGA Location # X34
Employee's Name DOB Date of Hire
Address City/Town
State Zip Code Last 4 Social Security # Home Phone #
Cell Phone # Department School Name
Location of Injury Job Title Rate of Pay \$
Date of Incident Time Type of Injury (strain, laceration, etc.)
Body Part Describe what happened

Name of Witness (es) Job Title
To whom was accident/incident reported to? Date Reported
Was medical attention sought? Yes No If yes, Where?

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