



INSURANCE GROUP 25 New Chardon St • Boston, MA 02114-4721 • Phone: (617) 488-6500 • Fax: (617) 488-6502

EMPLOYER'S DOCUMENTATION SHEET

Employer's Name: _____ Date of Incident: _____

Employee's Name: _____ Date of Return to Work: _____

Contact Name: _____

Date: _____ Time: _____ Person Contacted: _____

Summary of Conversation:

Signature: _____

Employer's Name: _____ Date of Incident: _____

Employee's Name: _____ Date of Return to Work: _____

Contact Name: _____

Date: _____ Time: _____ Person Contacted: _____

Summary of Conversation:

Signature: _____