



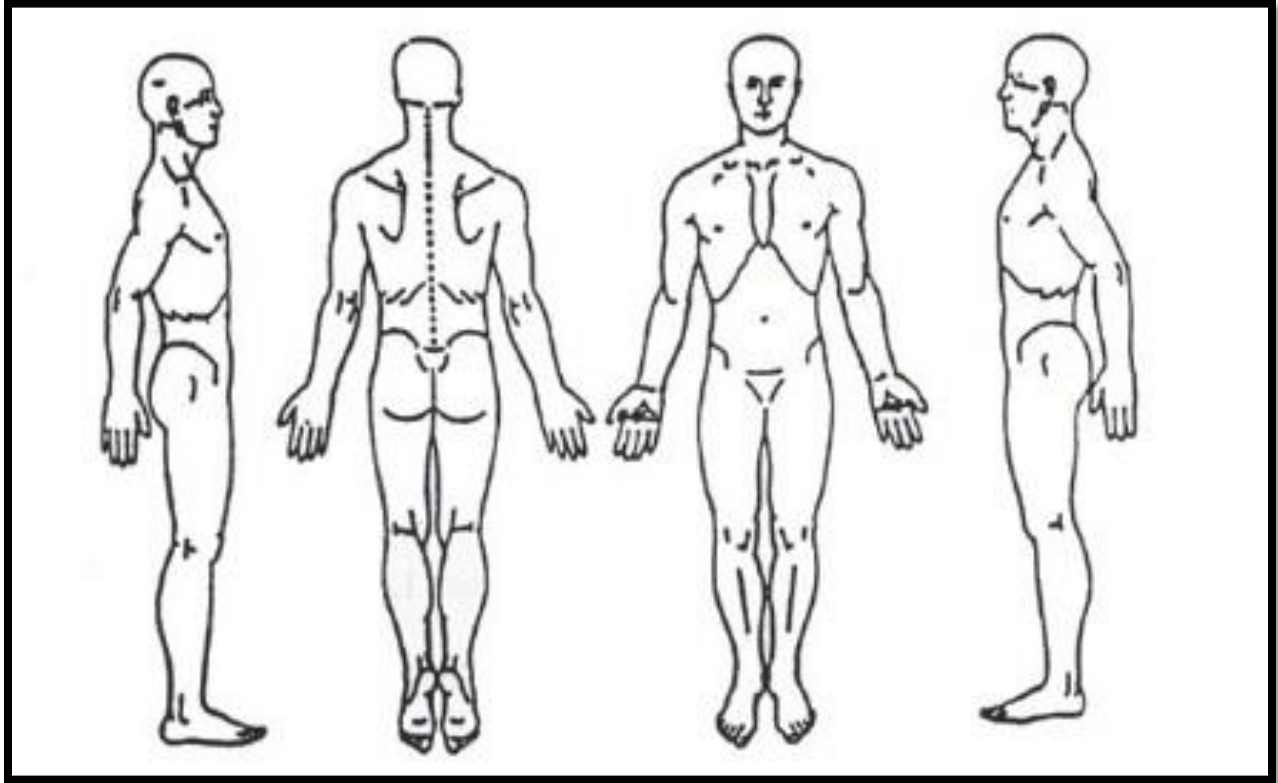
INJURY DESCRIPTION REPORT – FORM 45-A

IPRF Claims Fax: (888) 223-1638
Email: claims@iprf.com

To be completed by the employee

Injured Employee Name: _____ Date: _____

Please indicate the part(s) of body injured by checking or circling the appropriate body diagram outline below.



Additional Comments:

Empty rectangular box for additional comments.

Person Completing Form: _____ Date: _____