



**MEDICAL ONLY / MED FAX REPORT**  
 Fax this report to A.I.M. Mutual Ins. Cos. at 781-270-5599  
 Tel. No. 1-800-876-2765

**DO NOT File This Form With  
 The Dept. of Industrial Accidents**  
 MedFax Rev. 3/19

<b>SECTION</b>	Employee Name (Last, First, MI):		Employee Telephone: ( ) -		Social Security Number: - -	
	Employee Address:		Sex: ( ) F ( ) M		Date of Birth: / /	
	Insurer: <input type="checkbox"/> A.I.M. Mutual <input type="checkbox"/> MEIC <input type="checkbox"/> AEIC <input type="checkbox"/> NH Employers PO Box 4070, Burlington, MA 01803-0970		Location Code:     -       -		Marital Status: ( ) Single ( ) Married	
	Employer:		Employer Telephone: ( ) -		Policy Number:	
	Employee Occupation:		Witness to Accident:		Date of incident: / /	
	Time of incident: ( ) AM ( ) PM		Date of hire: / /		Date assigned to present position: / /	
	Date incident reported: / /		To Whom:		Returned to work: ( ) Yes ( ) No	
	Address where injury occurred (If different from Employer above):		Date of Return to Work: / /		Returned to Regular Job: ( ) Yes ( ) No	
	Type of injury (Burn, Fracture, Cut, etc.):		Average 52 Week Wage: \$ ( ) Estimated ( ) Actual			
	Injured Body Part(s) (Arm, Leg, Back, etc.):		Source of injury (Chemicals, Machinery, etc.):		Name of Employer's Claim Coordinator:	
Height: ft. in.		Weight:		Smoker: ( ) Yes ( ) No If yes, # pack(s) per day:		
Describe what happened:						
<b>Supervisor Signature:</b> _____ <b>Date:</b> ____/____/____						

<b>SECTION</b>	<b>Medical Authorization:</b> In accordance with state law, I, the undersigned, authorize A.I.M. Mutual Insurance Companies, as a workers compensation insurer, and its authorized agents or representatives, as well as my employer to be furnished with any information or facts regarding this injury only, including records, diagnosis, medical treatment and prognosis, estimates of disability and recommendations for further treatment. This information is to be used for the sole purpose of evaluating and handling my claim and to assure timely medical care as a result of the incident occurring on or about the above noted date and for no other purpose, now or in the future. I also agree that a photocopy of this release is as valid as the original.					
	<b>Employee Signature:</b> _____ <b>Date:</b> ____/____/____					
	<b>I do not want medical treatment for this injury – Employee Signature:</b> _____ <b>Date:</b> ____/____/____					

<b>SECTION</b>	<u>TREATMENT AREA USE ONLY (To be filled out by Medical Care Provider)</u>					
	Name of Provider: _____		Date: ____/____/____		Arrival Time: _____ ( ) AM ( ) PM	
	Accident Description: _____					
	Preliminary Diagnosis: _____ New Injury/Illness: ( ) Yes ( ) No					
	Related to above incident at work: ( ) Yes ( ) No ( ) Undetermined Pre-existing Condition: ( ) Yes ( ) No					
	<b>Height:</b> ____ ft. ____ in <b>Weight:</b> _____ lbs. <b>Smoker:</b> ( ) Yes ( ) No <b>If yes, # pack(s) per day</b> _____					
	<b>Recommended Work Status: (Check one and provide additional information as appropriate)</b>					
	<b>Full Duty</b> ( )		<b>Modified Duty</b> ( )			
	Full Duty to resume on: ____/____/____		Unable To Immediately Return To Work ( )			
	Modified duty to begin: ____/____/____		Full Duty to resume on: ____/____/____			
	May lift up to: 5 lbs. ( ) 25 lbs. ( ) 40 lbs. ( ) 75 lbs. ( ) No lifting ( )					
	May carry up to: 5 lbs. ( ) 25 lbs. ( ) 40 lbs. ( ) 75 lbs. ( ) No carrying ( )					
	May Push/Pull up to: 5 lbs. ( ) 25 lbs. ( ) 40 lbs. ( ) 75 lbs. ( ) No pushing/pulling ( )					
	Other Duty Modifications: _____					
	Physician Comments: _____					
Follow-Up Appointment With: _____		Date: ____/____/____		Time: _____ ( ) AM ( ) PM		
Physician/Clinician Name: _____		Tel. #: ( ) _____ - _____				
<b>Physician/Clinician Signature:</b> _____ <b>Date:</b> ____/____/____						
<b>SUPERVISOR ACTION:</b> ( ) Returned to Work ( ) Modified Duty ( ) Send Home ( ) Send for Treatment ( ) Notice Only ( ) Medical Only ( ) Lost Industry Code: _____ (see Instruction sheet)						

# Supervisor's Instructions for Completion of the **MEDICAL ONLY/MED FAX Report**

All work-related incidents are to be promptly reported to the immediate department supervisor on duty who will complete this form.

## **EMERGENCIES**

In life-threatening situations, seek medical attention immediately; then proceed with completion of this form.

## **NON-EMERGENCIES**

**SUPERVISOR** - Complete **SUPERVISOR SECTION** (top portion) upon report of injury. If medical attention is refused or not needed, complete **SUPERVISOR ACTION** section, (bottom of form) and send all copies to Human Resources office.

**EMPLOYEE** - Sign the **AUTHORIZATION** section. If you do **not** want medical treatment; also sign the next section indicating you do not wish to have medical treatment.

**PHYSICIAN** - Complete the **MEDICAL TREATMENT SECTION** and sign. Keep a copy.

**When outside medical attention is needed, employee is escorted to appropriate treatment site with THREE copies of the Medical Only/Med Fax Report. One copy is for the Employee. The second copy is for the Physician and the final copy should be sent to Human Resources.**

*A.I.M. Mutual Insurance Cos.*  
*Immediate Care Facility*

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## **AFTER IMMEDIATE CARE RENDERED**

**EMPLOYEE** - Return to supervisor following treatment with completed Reports and keep a copy.

**SUPERVISOR** - Based on medical instructions (**MEDICAL TREATMENT** section) employee will return to work on full or modified duty, or be sent home.

**- Forward the completed Medical Only/Med Fax Report to A.I.M. Mutual Ins. Cos. within 24 hours.**

<b>INDUSTRY CODES</b>			
<b>Agriculture, Forestry and Fishing</b> 01 Agriculture Production - Crops 02 Agriculture Production - Livestock 03 Agriculture Services 04 Forestry 05 Fishing, Hunting and Trapping <b>Mining</b> 10 Metal Mining 12 Coal Mining 13 Oil and Gas Extraction 14 Nonmetallic Minerals, Except Fuels <b>Construction</b> 15 General Building Contractors 16 Heavy Construction, Ex. Building 17 Special Trade Contractors <b>Manufacturing</b> 20 Food and Kindred Productions 21 Tobacco Products 22 Textile Mill Products 23 Apparel and Other Textile Products 24 Lumber and Wood Products 25 Furniture and Fixtures 26 Paper and Allied Products 27 Printing and Publishing	28 Chemicals and Allied Products 29 Petroleum and Coal Products 30 Rubber and Misc. Plastics Products 31 Leather and Leather Products 32 Stone, Clay and Glass Products 33 Primary Metal Industries 34 Fabricated Metal Products 35 Industrial Machinery and Equipment 36 Electronic and Other Electric Equipment 37 Transportation Equipment 38 Instruments and Related Products 39 Miscellaneous Manufacturing Industries <b>Transportation and Public Utilities</b> 40 Railroad Transportation 41 Local and Interurban Passenger Transit 42 Trucking and Warehousing 43 U.S. Postal Service 44 Water Transportation 45 Transportation by Air 46 Pipelines, Except Natural Gas 47 Transportation Services 48 Communications 49 Electric Gas and Sanitary Services	<b>Wholesale Trade</b> 50 Wholesale Trade – Durable Goods 51 Wholesale Trade – Nondurable Goods <b>Retail Trade</b> 52 Building Materials and Garden Supplies 53 General Merchandising Stores 54 Food Stores 55 Automotive Dealers and Service Stations 56 Apparel and Accessory Stores 57 Furniture and Homefurnishing Stores 58 Eating and Drinking Places 59 Miscellaneous Retail <b>Finance, Insurance and Real Estate</b> 60 Depository Institutions 61 Nondepository Institutions 62 Security and Commodity Brokers 63 Insurance Carriers 64 Insurance Agents, Brokers and Service 65 Real Estate 67 Holding and Other Investment Offices Services 70 Hotels and Other Lodging Places 72 Personal Services 73 Business Services	75 Auto Repair Services and Parking 76 Miscellaneous Repair Services 78 Motion Pictures 79 Amusement and Recreation Services 80 Health Services 81 Legal Services 82 Educational Services 83 Social Services 84 Museums, Botanical, Zoological Gardens 86 Membership Organizations 87 Engineering and Management Services 88 Private Households 89 Services, NEC <b>Public Administration</b> 91 Executive, Legislative and Garden 92 Justice, Public Order and Safety 93 Finance, Taxation and Monetary Policy 94 Administration of Human Resources 95 Environmental Quality and Housing 96 Administration of Economic Programs 97 National Security and International Affairs <b>Nonclassifiable Establishments</b> 99 Nonclassifiable Establishments