



INDUSTRIAL COMMISSION OF ARIZONA

CARRIER'S REFERRAL FOR VOCATIONAL REHABILITATION

From

Date:

Carrier Name:

Carrier Contact First Name:

Carrier Contact Last Name:

Carrier Email Address:

Carrier Claim #:

ICA Claim No #:

Social Security #:

Date of Birth:

Date of Injury:

To: The Industrial Commission of Arizona

Attention: Special Fund

P.O. Box 19070 Phoenix,

AZ. 85005

Forward with one copy of pertinent medical data, such as operative reports and medical supporting discharge from active care. A complete file is not required.

Injured Worker:

Telephone #:

Email:

Current Address:

STREET

CITY

STATE

ZIP CODE

Sex: Male

Female

Marital Status:

Single

Married

Divorced

Widowed

Occupation At Time of Injury:

Established Wage:

Present Monthly
Compensation Amount

Number of Dependents:

Name of Date of Injury Employer:

Employers Address:

STREET

CITY

STATE

ZIP CODE

Injured Workers Attending Physician (s):

Physician's Address:

STREET

CITY

STATE

ZIP CODE

Does Attending Physician recommend rehabilitation?

YES

NO

UNKNOWN

Did injured worker return to work with the date of injury employer?

YES

NO

UNKNOWN

List current employment and earnings (if known)

Nature of the Injured Workers injury:

Signature of Authorized Representative

of Carrier/Self-Insured Employer/Third-Party Administrator:

The mandatory requirement that the social security number be included in forms filed with the Claims Division or Special Fund Division of the Industrial Commission of Arizona is permitted by Section 7(a)(2)(B) of the Federal Privacy Act of 1974, because the Commission's forms, prescribed under the Commission's Rules in existence prior to January 1, 1975, required disclosure of the social security number. The number is used as a means of identifying all the various records in the Claims Division or Special Fund pertaining to an individual. The use of social security numbers is made necessary because of the large number of persons who have similar names and birth dates, and whose identities can only be distinguished by the social security number.

THE INDUSTRIAL COMMISSION COMPLIES WITH THE AMERICANS WITH DISABILITIES ACT OF 1990. IF YOU NEED THIS DOCUMENT IN ALTERNATIVE FORMAT, CONTACT SPECIAL FUND AT (602) 542-3294.