REEMPLOYMENT SERVICES QUESTIONNAIRE

Personal Information

Name: ___________________________ Date of Accident: ___________________________

Address: ___________________________ Date of Birth: ___________________________

Address: ___________________________

City, State ___________________________ Zip Code _______ County _______

Phone # ___________________________ Cell Phone # ___________________________

E-Mail Address: ___________________________

Preferred Method of Contact:  □ Email  □ Phone  □ Mail

How did you hear about us? __________________________________________

1. U.S. Citizen: □ Yes  □ No  Resident Alien: □ Yes  □ No

   Resident Alien #: ___________________________

2. Primary Language spoken: ___________________________ Secondary Language spoken: ___________________________

3. Have you ever been arrested for or charged with a felony or first degree misdemeanor?  □ Yes  □ No

   Note: The response to this question will not disqualify you from services. This information is required in order to properly assess your case and put together an appropriate reemployment plan. Approximate arrest dates are acceptable.

   If you require additional space, please attach information on a separate sheet.

   Date | Charge | State | County | City | Outcome
   --------------------|----------------|-------|--------|------|--------
   | | | | | |

Employer & Insurer Information

Employer: ___________________________ Telephone # ___________________________

Address: ___________________________ Fax #: ___________________________

City, State, Zip ___________________________ E-Mail Address: ___________________________

Contact person: ___________________________

WC Carrier: ___________________________ Telephone # ___________________________

Address: ___________________________ Fax #: ___________________________

City, State, Zip ___________________________ E-Mail Address: ___________________________

Adjuster: ___________________________

Form DFS-F3-DWC-27, Eff. 12/2015
Rule 69L-22.011, F.A.C.
REEMPLOYMENT SERVICES QUESTIONNAIRE

Claim Status & Medical Information:

1. Have you settled your claim with the Insurance Carrier?  □ Yes □ No

2. What part of your body was injured as a result of your accident? ________________________________

   Which side?  □ Right  □ Left  □ Both

   If multiple body parts were injured, please identify the other body parts injured: ________________

3. Do you have pending surgery/additional medical treatment(s)? □ Yes □ No

   If yes, please explain: ______________________________________________________________

4. Have you been told by your Workers Compensation doctor that you will not be able to return to your previous position because of your Workers Compensation injury?  □ Yes □ No

5. Have you been told by your Workers’ Compensation doctor that you will have any permanent physical restrictions as a result of your Workers’ Compensation injury? □ Yes □ No

   If yes, what do you understand your physical restrictions to be?

6. Have you been told by your Workers' Compensation doctor that you have reached maximum medical improvement?  □ Yes □ No □ Don't Know

7. Do you have any other conditions that would affect your ability to return to work? □ Yes □ No

8. If yes, explain: ________________________________

9. What is your dominant hand?  □ Right  □ Left  □ Both
REEMPLOYMENT SERVICES QUESTIONNAIRE

**Employment & Work History**

PLEASE LIST EMPLOYMENT EXPERIENCE FOR THE LAST 15 YEARS.
If you require additional space, please attach information on a separate sheet.

<table>
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<tr>
<th>Dates Worked</th>
<th>Name of Employer</th>
<th>Job Title</th>
<th>Job Duties</th>
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1. Have you returned to work?  □ Yes  □ No
   If no, have you talked with your employer about return to work?  □ Yes  □ No
   If yes, explain what happened?  ____________________________________________

2. Have you looked for work since your injury?  □ Yes  □ No

3. What kinds of jobs were you looking for?  ____________________________________________

4. Where have you looked for work?  ____________________________________________

5. What jobs have you applied for?  ____________________________________________

6. If you have not looked for work please explain why?  ____________________________________________

7. Are you an honorably discharged veteran?  □ Yes  □ No  □ Not applicable
REEMPLOYMENT SERVICES QUESTIONNAIRE

Educational & Transportation Information

1. PLEASE PROVIDE THE FOLLOWING INFORMATION:
   a. Do you have a high school diploma or GED?  ☐ Yes  ☐ No
   b. Highest Grade Completed: ________________________________
   c. Major Area of Study or Certificate Earned: ________________________________

2. What type of training have you received from past employers or in the military?

3. List any other special skills you possess (language, computer, etc):

   ________________________________

   Please attach copies of all diplomas and/or certificates for any type of training you have received including any received in the military. Also attach college transcripts for all classes completed.

4. What transportation is available to you?

5. Driver’s License: ☐ Yes  ☐ No  Class: ____________  Expiration Date: ____________
   Suspended within the past 3 years?  ☐ Yes  ☐ No
   If yes, explain ________________________________

I certify that to the best of my knowledge and belief all of the statements contained herein are true, correct, complete, and made in good faith.

Injured Employee Signature  ________________________________ Date completed this questionnaire  ________________________________