

[STATE NAME] RETAIN Project

Retaining Employment & Talent after Injury/Illness Network

Participant Enrollment Information Form: Part Two
TO BE COMPLETED BY THE HEALTH CARE PROVIDER AND/OR RTW COORDINATOR

ALL FIELDS REQUIRED

1. **Date of Onset of Primary Injury or Illness:**

|_|_|/|_|_|/|_|_|_|_|
MONTH DAY YEAR

2. **Date of Enrollment in RETAIN:**

|_|_|/|_|_|/|_|_|_|_|
MONTH DAY YEAR

3. **What is the ICD-10 code of the primary injury or illness?**

4. **Provide a brief description of the primary injury or illness:**

5. **Is the primary injury or illness caused, at least in part, by work-related factors?**

- Yes
 No

6. **Is the primary injury or illness part of a workers' compensation claim?**

- Yes, the worker has filed a claim involving the primary injury or illness
 No, the worker has not filed a claim involving the primary injury or illness

7. Is the primary condition a result of an accident or injury?

- Yes, it is the result of an accident or injury
- No, it is an illness or chronic condition

8. Is the primary injury or illness:

- New condition
- Worsening of an existing condition

9. Industry classification of pre-injury/illness employer:

- Agriculture or Mining
- Construction or Utilities
- Manufacturing
- Retail Trade, Wholesale Trade, or Transportation
- Information
- Finance or Real Estate
- Professional, Management, or Administrative Services
- Education or Health Care
- Accommodation and Food Services or Arts and Entertainment
- Other Services
- Public Administration

10. Occupational classification of pre-injury/illness job:

- Management, professional, or related
- Service
- Sales and office
- Natural resources, construction, or maintenance
- Production, transportation, or material moving

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