**[STATE NAME] RETAIN Project**

OMB Control No.: XXXX-XXXX

Expiration date: XX/XX/XXXX

**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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| Public reporting burden for this collection of information is estimated to average 5 minutes per respondent. Send comments concerning this burden estimate or any other aspect of this collection of information to the U.S. Department of Labor, Office of Disability Employment Policy, Room S-1313, Constitution Ave., Washington, DC 20210. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. (Paperwork Reduction Act OMB Control Number, 1230-XXXX.) |