

# [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

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.)