

Company Name:

SECOND INJURY FUND
EMPLOYEE INFORMATION FORM

Employee:
Position:

Date:
Date of Hire:

We require the following in order to satisfy our obligations under the New Hampshire Workers' Compensation Law, RSA 281-A. In order to apply for reimbursement from the Second Injury Fund, in the event that you may suffer a work-related injury while employed with us, we must have written documentation of any physical or mental impairment that you may have suffered. This documentation and any related information that you provide in connection with this inquiry will be maintained confidentially and separately from your employee personnel file. Disclosing a prior impairment on this form will not impact your eligibility to receive worker's compensation benefits.

This document and any related information that you provide in connection with this inquiry will only be used as permitted under the Americans with Disabilities Act and New Hampshire Workers' Compensation Law.

Please identify any prior or current physical or mental impairments, whether work related or not, including, but not limited to, high blood pressure, diabetes, respiratory or cardiovascular concerns, prior back injuries, and any surgical procedures. Attach additional pages, if necessary.

Nature of Injury Or Impairment	Date of Origin	Name & Address Of Treating Provider	Workers' Compensation? (Yes or No)

Please check here if you have no history of significant Injuries or Illnesses.

I certify that all of the information that I provide on this Second Injury Information Form is complete, true, and accurate. I understand that if I have any questions about this Form, I may direct them to [REDACTED] [NOTE: Insert title].

Signature:

Date:

Witness:

Please note that the Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.