

The following information is to be completed by the
Local Government Injury Management Advisor for the
injured worker to give to their general practitioner.

Injured worker

Date of birth

Local Government

Job title

Main duties (e.g. office/outdoor work, computer desk job, operating equipment, heavy lifting)

Date of injury

How injury occurred

NAME	CONTACT DETAILS	
Local Government Injury Management Advisor	Name <input type="text"/>	Tel <input type="text"/> Email <input type="text"/>
Injured worker's supervisor	Name <input type="text"/>	Tel <input type="text"/> Email <input type="text"/>
LGIS Senior Claims Consultant	Name <input type="text"/>	Tel <input type="text"/> Email <input type="text"/>
LGIS Injury Management Consultant (IMC)	Name <input type="text"/>	Tel <input type="text"/> Email <input type="text"/>