

Claim Number:

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993
(Previously Workmen's Compensation Act, 1941)

TENOSYNOVITIS QUESTIONNAIRE

(Must be completed by employee)

Employee: Date of accident:

Employer:

1. What movements are carried out in the course of your job by your fingers and forearm?
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.....
2. How many times per minute are these movements repeated and for what unbroken period?
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3. How long have you been doing this job?
4. Describe the nature of any previous injury sustained by you to your arm and/or fingers used in performing the above-mentioned movements:
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.....
5. Did anything unusual occur before you became aware of the symptoms? If so, give details:
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6. Have you previously suffered from tenosynovitis?
7. Have any of your fellow-workers performing the same job suffered from this complaint?
8. Are you left or right-handed?

.....
SIGNATURE OF EMPLOYEE

.....
DATE

Comments by the employer on questions 1, 2, 3 and 7:
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SIGNATURE OF EMPLOYER

.....
DATE