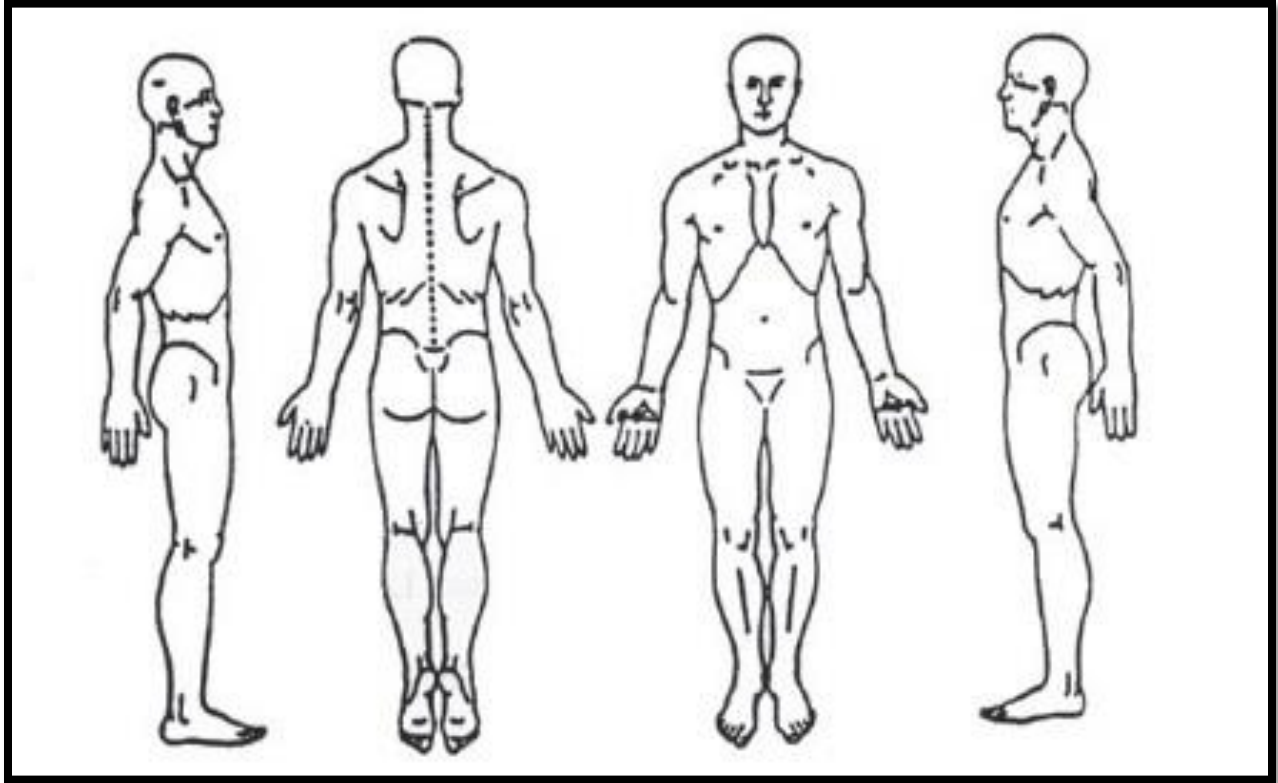




### IPRF INJURY DESCRIPTION (FORM 45-A)

Injured Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please indicate the part(s) of body injured by checking or circling the appropriate body diagram outline below.



Additional Comments:

Person Completing Form: \_\_\_\_\_ Date: \_\_\_\_\_