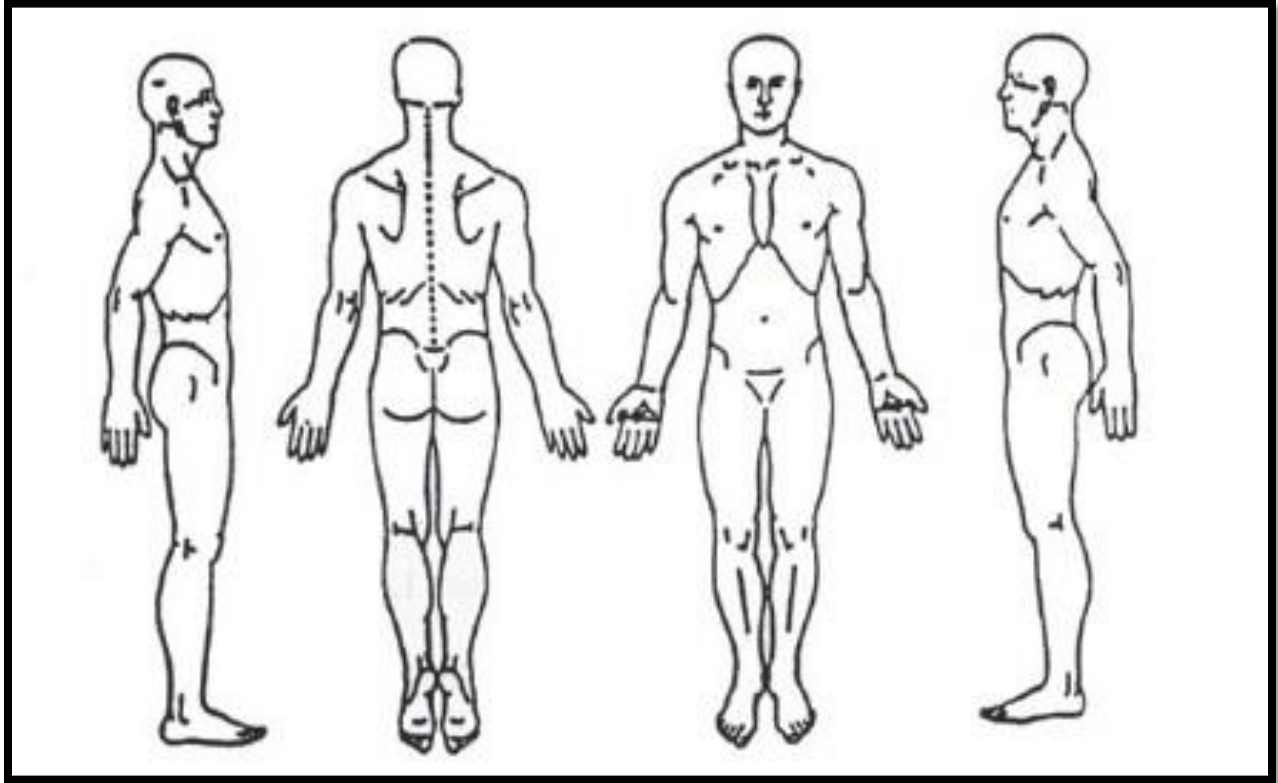




IPRF INJURY DESCRIPTION (FORM 45-A)

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: _____