CBHS INTERNATIONAL HEALTH

Please send this form and any additional information:
Students oshc@cbhscorp.com.au
Workers ovhc@cbhscorp.com.au

CBHS Corporate Health Pty Ltd ABN 85 609 980 896

Accident/Injury/Condition form

SECTION A – PARTICULARS OF ACCIDENT/INJURY/CONDITION

1. Primary member details

Member number
Last name
First name(s)
Address
Suburb/Town
State/Territory Postcode
Mobile
Email

2. Patient details
(if different to member's details)

Title Mr ☐ Mrs ☐ Miss ☑ Ms ☐ Dr ☐
Last name
First name(s)
Mobile

3. The nature of the patient's condition

4. Is your treatment related to an accident/injury/condition?
(Including domestic, sporting, vehicle or employment)

No ☐ *Go to Section B – Signature* **Yes** ☑

5. Details of accident/injury/condition

Date of accident / injury / condition / /
Place of accident / injury / condition
Describe how the accident / injury / condition occurred

When did you first seek treatment from a Health Care Provider for matters related to this accident?

Date / /
Provider's phone number
Name of Provider
Type of Provider

6. Please answer the following questions:

Does your accident / injury / condition relate to the nature of your employment?	**No** ☐	**Yes** ☑
Did the accident/injury/condition occur whilst at work?	**No** ☐	**Yes** ☑
Did your accident/injury/condition occur whilst involved in sporting activities or training?	**No** ☑	**Yes** ☐

If you answered 'Yes' to either of these questions, you may be entitled to lodge a claim with Work Cover and all relevant treatment and claims should be forwarded to your employer's Insurance Company or, in the event of a motor vehicle accident, sent to Third Party Insurance company.

Note: *If the Insurance Company has rejected your claim please provide CBHS International Health with a copy of the document which will enable CBHS International Health to correctly assess your claim.*

SECTION B – ACKNOWLEDGEMENT AND DECLARATION

7. I acknowledge that I must give all relevant information as requested by CBHS International Health. I declare the above statements to be true and correct.

Mobile

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https://www.cbhsinternationalhealth.com.au/policies/privacy-policy

Signature
Name
Date / /
D D / M M / Y Y Y Y