

<b>1. INFORMATION ABOUT THE EMPLOYER</b>	<b>Name of the employer (The official name of the company)</b>			
	<b>Street address</b>		<b>Postal code</b>	<b>Postal district</b>
	<b>Telephone</b>		<b>Business ID (Y-tunnus)</b>	
	<b>Field of operations</b>		<b>Insurance number</b>	
	<b>International bank account number (IBAN)</b>		<b>Unit or departmental code of the company</b>	
<b>2. INFORMATION ABOUT THE INJURED PERSON</b>	<b>Family name and given names</b>			<b>Personal identity number</b>
	<b>Street address</b>		<b>Postal code</b>	<b>Postal district</b>
	<b>Language</b> <input type="checkbox"/> fin <input type="checkbox"/> eng			
	<b>Telephone</b>	<b>E-mail</b>		
	<b>Occupation</b>	<b>International bank account number (IBAN)</b>		
	<b>Does the injured person own a share of the company?</b> <input type="checkbox"/> no <input type="checkbox"/> yes			
	Position in the company _____			
	Percentage of shares and voting rights, held both personally and jointly with family members _____			
<b>Permanent workplace: Municipality or address</b>			<b>Nationality</b>	
<b>3. INFORMATION ABOUT THE OCCUPATIONAL DISEASE</b>	<b>Describe the symptoms the employee has experienced and their causes (e.g. the name of the chemical substance). Describe the employee's working processes and the circumstances in which the exposure took place.</b>			
	<b>Company's occupational health care provider (name and address)</b>			
	<b>Date when the employer was informed of the symptoms</b>			
	<b>First visit to the doctor because of symptoms: (date, name and address of the treatment provider)</b>			
<b>Type of injury, e.g. fracture, contusion, burn, sprain (as estimated by the person completing this form)</b>				
<b>4. INFORMATION ABOUT THE EMPLOYMENT CONTRACT</b>	<input type="checkbox"/> <b>Employment contract of unlimited duration</b>		<input type="checkbox"/> <b>Employment contract of limited duration</b>	
	Date when the contract began: _____		Duration of contract: _____	
	<input type="checkbox"/> <b>main occupation</b> <input type="checkbox"/> <b>second occupation</b>		<b>Working hours per week</b>	
	<b>Who can provide further information on the employment contract and pay (e.g. payroll manager, name, telephone, e-mail)?</b>			
	<b>Has the injured person been working for other employers at the same time?</b> <input type="checkbox"/> no <input type="checkbox"/> yes, name and contact details of the employer: _____			
	<b>Has the injured person been self-employed at the same time?</b> <input type="checkbox"/> no <input type="checkbox"/> yes; <input type="checkbox"/> farming <input type="checkbox"/> other self-employment			
	<b>Is the injured person</b> <input type="checkbox"/> student; enter the name of school: _____			
	<input type="checkbox"/> retired; enter the type of pension and date of retirement: _____			
<b>5. SIGNATURE</b>	<b>Contact details of the person who can provide further information on exposure (e.g. supervisor, manager)</b>			
	<b>Place and date</b>	<b>Telephone and e-mail of the employer / employer's representative</b>		