



कर्मचारी राज्य बीमा निगम

EMPLOYEES' STATE INSURANCE CORPORATION
(Ministry of Labour &

अस्पताल पीन्या, बेंगलूरु-560 022

HOSPITAL, PEENYA, BENGALURU-560 022
Employment, Govt. of India)



ISO 9001:2015 CERTIFIED

INJURY REGISTER

Sl. No. Patient Name Age & Sex IP No. MRO / OPD No.	Factory Address	Brought By	Thumb Impression of Patient	
		Name	Right	Left
		Relation to Patient		
		Address		

Date & Time of Registration	History	Clinical Examination / Description of Wound / Treatment Given / Diagnosis	Remarks
		O/E BP GCS Respiratory System Cardio Vascular System Per Abdomen Central Nervous System (a) Anterior Posterior	INJURY : 1. Simple 2. Grievous Ref if any :
		Anterior Posterior	Signature CMO with Seal

Given by: *[Signature]*