1. Date of Onset of Primary Injury or Illness:

   ______/______/______
   MONTH  DAY  YEAR

2. Date of Enrollment in RETAIN:

   ______/______/______
   MONTH  DAY  YEAR

3. What is the ICD-10 code of the primary injury or illness?

   __________________________________________

4. Provide a brief description of the primary injury or illness:

   __________________________________________

5. Is the primary injury or illness caused, at least in part, by work-related factors?

   □ Yes
   □ No

6. Is the primary injury or illness part of a workers’ compensation claim?

   □ Yes, the worker has filed a claim involving the primary injury or illness
   □ No, the worker has not filed a claim involving the primary injury or illness
7. Is the primary condition a result of an accident or injury?
   □ Yes, it is the result of an accident or injury
   □ No, it is an illness or chronic condition

8. Is the primary injury or illness:
   □ New condition
   □ Worsening of an existing condition

9. Industry classification of pre-injury/illness employer:
   □ Agriculture or Mining
   □ Construction or Utilities
   □ Manufacturing
   □ Retail Trade, Wholesale Trade, or Transportation
   □ Information
   □ Finance or Real Estate
   □ Professional, Management, or Administrative Services
   □ Education or Health Care
   □ Accommodation and Food Services or Arts and Entertainment
   □ Other Services
   □ Public Administration

10. Occupational classification of pre-injury/illness job:
    □ Management, professional, or related
    □ Service
    □ Sales and office
    □ Natural resources, construction, or maintenance
    □ Production, transportation, or material moving

Public reporting burden for this collection of information is estimated to average 5 minutes per respondent. Send comments concerning this burden estimate or any other aspect of this collection of information to the U.S. Department of Labor, Office of Disability Employment Policy, Room S-1313, Constitution Ave., Washington, DC 20210. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. (Paperwork Reduction Act OMB Control Number, 1230-0014.)