GowrieGroup
Insurance • Benefits • Finance

ROCKLAND FIRE DEPARTMENT
APPLICATION FOR INJURED – ON – DUTY STATUS

Today's date: _____ Date of injury: _____

Employer: ROCKLAND FIRE

Employee: _____

Run/incident #: _____

Time of injury: _____

Was protective equipment used? [ ] Yes or [ ] No

Was there a problem or failure of equipment? [ ] Yes or [ ] No

If yes, explain: _____

_____

_____

Witnesses: _____

_____

_____

Are all required forms completed and submitted:

- Incident Report: [ ] Yes or [ ] No
- Medical Records Authorization [ ] Yes or [ ] No
- Doctor's report [ ] Yes or [ ] No
- Return to work note: [ ] Yes or [ ] No
- Other: _____

Employee signature: _____ Date: _____

Approved as IOD by chief of department? [ ] Yes or [ ] No

Chief's signature: _____ Date: _____

Please note: All information and signatures are under penalty of perjury.

Gowrie Claims Services
P.O Box 578
Brant Rock, MA 02020
Fax: 1-781-536-6930