



SECOND INJURY FUND INFORMATION

Per RSA 281-A:54, this will serve as written verification of employer knowledge of a pre-existing injury or medical condition. Questions and responses shall be documented and dated IMMEDIATELY AFTER an individual has been hired.

Employee Name: _____ Soc. Sec. # _____

Position: _____ Date of Hire: _____

List any previous injuries/illnesses or medical conditions (including non-work injuries):

Doctors/Hospitals:

Prior surgical procedures:

Employee Signature / Date

Employee Signature / Date

This information should be kept on file during entire course of employment and is to be used solely for the purpose of establishing information relevant to RSA 281-A:45.