

**HEART AND LUNG INJURY REPORT FORM**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

Badge Number \_\_\_\_\_

1. Describe your injury including the date, time and place it occurred:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Describe how your injury occurred:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Describe why and how you believe your injury prevents you from performing your duties as a police officer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. List any and all witnesses to your injury and provide their contact information, if available, if they are not employees the same municipality:

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5. List the name and address of all medical providers including hospitals where you have received treatment for this injury:

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I understand that by signing this form and submitting it to my employer for review I am certifying that the information provided is accurate and complete, and that I am requesting that my employer makes a determination concerning my eligibility for benefits under Pennsylvania's "Heart and Lung Act". I also certify that if any of the provided information changes, or needs supplemented, that I will notify my employer as soon as possible and provide the necessary updated information.

\_\_\_\_\_  
CLAIMANT

\_\_\_\_\_  
DATE