



MARSHALL ISLANDS WORKERS' COMPENSATION ADMINISTRATION



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**Form WCA-600**

(Schedule 3 of the Workers' Compensation Regulations)

To be supported/accompanied by the Authorization for Medical Examination and Treatment Form (WCA-102)

**ATTENDING PHYSICIAN'S INITIAL REPORT OF INJURY AND TREATMENT**

This report should be completed and submitted to the MISSA Administrator within 15 calendar days after incident, and also to the employer and insurance carrier (see item #s 2, 17 & 18 of the Authorization for Medical Examination and Treatment Form for name & address).

1 Brief history of injury or illness as described by the injured worker or witness	
2 Was there any history or evidence of pre-existing injury, disease or physical impairment? [ ] Yes [ ] No If Yes, please briefly describe.	
3 What are your findings?	4 What is your diagnosis?
5 Do you believe the condition found was caused or aggravated by the work activity described? [ X] Yes [ ] No Please explain.	
6 Did the injury require hospitalization? [ ] Yes [ ] No  Hospital name:  Admission date:  Discharge date:	7 Is additional treatment required? [ ] Yes [ ] No  8 Is medical evacuation overseas required? [ ] Yes, where ..... [ ] No
9 Surgery performed if any (please describe) /date performed:	10 Other types of treatment applied: [ ] X-ray or imaging [ ] other _____
11 Is there any likelihood of a permanent impairment?	12 Dates of initial examination/ treatment /discharge  From:.....To: .....
13 Period of (Temporary) Disability, if applicable  Partial Disability: from ..... to:.....  Total disability: from: ..... to: .....	14 Date employee can resume work  Restricted Duties: .....  Regular (full) Duties: .....

15 If worker can only resume restricted duties, indicate extent of physical activity and limitations that could reasonably be performed.

16 Recommendations for future care or treatment, if applicable

17. Name and signature of physician

Name

signature

18. Specialization

19. Date of this report

20 Medical/hospital charges, if any: Please provide extra sheet(s) if necessary

Date	Services/supplies	Quantity	Unit Price	Amount