Occupational Disease and Employment History (Continuation)

Page of	Name (please print)	Claim Number

This is a continuation sheet. You must complete the first page of this form. If additional space is needed you may make copies of this form.

Please continue with your most **Recent** job and work **Backwards**

Employer's business name	Your job title	**Employment Dates:** From (mo/yr) To (mo/yr)
Employer's address	Employer's phone number	
City State ZIP+4	How many hours per week did you perform the activity you believe caused your symptoms? hours	
Describe the job duties, tool use or repetitive activities done on a regular basis. Include approximately how much time per day you spent doing each activity		
Indicate any break or interruption in your work history during this job or between this job and the next. From (mo/yr) To (mo/yr) Reason for interruption:		

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Dept of Labor and Industries
PO Box 44291
Olympia WA 98504-4291

I certify that the information is true and correct to the best of my knowledge.

Date: _____ Signature: _____

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