



Instructions

Complete the First Report of an Injury, Occupational Disease or Death (FROI-1) along with this form. Fax both forms to 1-866-336-8352, or send them to your local BWC customer service office. You must also submit a copy of both forms to your fire department.

Injured worker information

Name, Date of birth, Claim number, if available, First date of service as a firefighter, Last date of service as a firefighter (mark N/A if service continues)

Medical information

What is your cancer diagnosis?, When were you diagnosed with this type of cancer? (dd/mm/yy)

Name of the medical provider who made the cancer diagnosis? (Please have your physician submit the written narrative medical diagnosis to BWC.)

Exposure information

Were you exposed, as a firefighter, to an agent classified by the International Agency for Research on Cancer (IARC) as a group 1 or 2A carcinogen? Yes No

If yes, select one or more of the examples below. If not listed below, please identify the agent under "other."

To view a complete list, visit http://monographs.iarc.fr/ENG/Classification/.

- Arsenic and inorganic arsenic compounds, Asbestos, Benzene, Benzo[a]pyrene, 1,3-Butadiene, Cadmium, Creosote, Diesel engine exhaust, Dioxin, Formaldehyde, Lead compounds, inorganic, Polychlorinated biphenyls (PCB), Shiftwork that involves circadian disruption, Silica, crystalline, Tetrachloroethylene aka Perchloroethylene, Trichloroethylene, Other:

History of hazardous duty

Have you been assigned to at least six years of hazardous duty as a fire fighter? Yes No

If yes, please provide a history of your hazardous duty as a firefighter. "Hazardous duty" means duty performed under circumstances in which an accident could result in serious injury or death.

Please list the dates of your most recent hazardous duty first. Attach more employment information if necessary.

Name of fire department for which you provided services

Address, City, State, ZIP code

When did the hazardous duty occur? From \_\_\_/\_\_\_/\_\_\_ and if applicable, to \_\_\_/\_\_\_/\_\_\_

Name of fire department for which you provided services

Address, City, State, ZIP code

When did the hazardous duty occur? From \_\_\_/\_\_\_/\_\_\_ and if applicable, to \_\_\_/\_\_\_/\_\_\_

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When did the hazardous duty occur? From \_\_\_/\_\_\_/\_\_\_ and if applicable, to \_\_\_/\_\_\_/\_\_\_

Applicant signature

I understand that any person who knowingly makes a false statement, misrepresentation, concealment of fact or any other act of fraud to obtain compensation as provided by BWC or self-insuring employers, or who knowingly accepts compensation to which that person is not entitled, is subject to criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both.

Applicant signature, Date