

## Hernia Cases - Injury Checklist

<input type="checkbox"/> If claimant lifting a heavy object, compile a description of the object, the method of lifting, and the position of the claimant.	
<input type="checkbox"/> When was pain in side or groin first noticed? Describe the pain. Was it immediately after the accident?	
<input type="checkbox"/> When was a lump or knot in side of the groin first noticed?	
<input type="checkbox"/> Did claimant ever fall or trip and notice pain in either side or groin? Was the claimant ever struck or punched in either the side or groin.	
<input type="checkbox"/> Is claimant constipated or have trouble with bowels?	
<input type="checkbox"/> Is severe cold causing sneezing or coughing?	
<input type="checkbox"/> Check for witnesses and the person first notified of the accident..	
<input type="checkbox"/> When did lost time begin?	
<input type="checkbox"/> Obtain the records of the treating physician and hospital.	