**Incident Injury Trauma and Illness Employees - Summary Register**

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| **Date** | **Time** | **Employee’s name** | **Illness/Symptoms/Injury/Incident and actions taken** | Possible Infectious DiseaseYes/No | Medical certificate provided stating nature of illness Yes/No/N/A | Doctor’s letter from doctor stating not contagious if suspected infectious diseaseYes/No | Food handling staff absent for 48 hours if been vomiting or diarrhoeaYes/No | Safework notified of reportable workplace injury Date/Time & Receipt number | Workers Compensation procedure and Return to Work program implemented Yes/No | Nominated Supervisors signature |
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