



Ohio Injured Worker IME Exam Worksheet

IW Name: _____
Address: _____
City _____ State _____ Zip+4 _____
Home Phone# _____

Date, Time, & Place of IME Exam Date: _____ Time: _____ AM/PM
Address _____
City _____ State _____ Zip+4 _____
Office Phone# _____
Mileage Start (Your Home) _____ Mileage Stop (Exam Office) _____
IME Doctor's Name _____
Degree of _____

(Get a Business Card and ANY papers about the office lying about.)

Who required you to go to the IME? (Attach a copy of the letter you received.)

Did you START the recorder BEFORE you entered the office? Yes / No

(*Remember YOU MUST push the RECORD button.)

Did you START the recorder AFTER you entered the office? Yes / No

(*Remember YOU MUST push the RECORD button.)

Did you STOP the recorder BEFORE you left the office? Yes / No

Did you STOP the recorder AFTER you left the office? Yes / No

Did you have any of the following?

Chaperone Yes / No (Per [Ohio Administrative Code 4731-26-01](#) See pg 2 for more details)

Observer Yes / No (The Observer's relationship to you is? **REMEMBER**
FAMILY MEMBERS ONLY! NO FRIENDS!):

Did you have an Interpreter? Yes / No

Chaperone, Observer or Interpreter's Name _____

Address _____

City _____ State _____ Zip+4: _____

Home Phone# _____

Make sure to SIGN the RELEASE FORM and PRINT THE STATEMENT UNDER
YOUR SIGNATURE:

John IW Doe

(I DO NOT RELEASE LIABILITY)