

Request for Form CA-16

Pursuant to CFR 20.300(a)(b), I hereby request form CA-16 to cover any health-related expenses I may incur over the next 60 days as a result of the CA-1 Traumatic Injury that resulted from my required job duties on ___/___/____.

Employee Signature _____

Name _____

Date of CA1 Injury ___/___/____

Date of Request ___/___/____ Time of Request ___:___ am/pm

Supervisor Name _____

Date and Time CA-16 Issued/Denied ___/___/____ ___:___ am/pm

20 CFR 10.300(a)(b)

(a) When an employee sustains a work-related traumatic injury that requires medical examination, medical treatment, or both, the employer **shall** authorize such examination and/or treatment by issuing a form CA-16. . .

(b) The employer **shall** issue Form CA-16 **within 4 hours** of the claimed injury. . .