pennsylvania
DEPARTMENT OF LABOR & INDUSTRY
BUREAU OF WORKERS' COMPENSATION

DISMEMBERMENT CHART SEC. 306(c) WORKERS' COMPENSATION ACT AS AMENDED

EMPLOYEE SOCIAL SECURITY NUMBER OR WC ID NUMBER

DATE OF INJURY (MM - DD - YYYY)

WCAIS CLAIM NUMBER

EMPLOYEE

First name

Last name

Date of birth

Address

Address

City/Town State ZIP

County

Telephone

INJURY INFORMATION

Part of body injured

Nature of injury

Accident/injury description narrative

Marked by M.D.

Check if occupational disease ☐

EMPLOYER

Name

Address

Address

City/Town State ZIP

County

Telephone FEIN

INSURER or THIRD PARTY ADMINISTRATOR (if self-insured)

Name

Address

Address

City/Town State ZIP

County

Telephone FEIN

NAIC code or Insurer code

Insurer/TPA claim #

DISMEMBERMENT CHART
Sec. 306(c) Workers' Compensation Act as Amended

The Left Foot (Dorsal surface)

Tendo Achillis

Os Calcis

Astragalus

Extensor brevis digitorum

Ex. cuneiform

Cuboid

Scaphoid

Cuneiform

Peroneus brevis

Peroneus tertius

Mid cuneiform

METATARSUS

Dorsal interossei muscle

1st

2nd

3rd

4th

I

II

III

IV

V

FIRST PHALANX

SECOND PHALANX

THIRD PHALANX

Extensor brevis digitorum

Extensor longus halluois

Extensor longus digitorum