

ROCHESTER COMMUNITY SCHOOLS

EMPLOYEE INJURY REPORT

This report is to be completed by any employee of Rochester Community Schools injured on school property. Describe fully the circumstances of the injury, alleged cause and piece of equipment, furniture, etc. involved.

Name		SS #		Date of Hire	
Address City, State, Zip					

INJURY/MEDICAL DATA

Date of Injury		Time		Location	
----------------	--	------	--	----------	--

What was the employee doing just before the incident occurred. Describe activity, tools or materials. Be specific: _____

How did the injury occur? Example: "When ladder slipped on wet floor, worker fell 20 feet." _____

Describe the injury: _____

Name the object or substance that directly attributed to the accident. _____

BODY PART				TYPE OF CONDITION			
Abdomen	Forearm(s)	Ribs		Abrasion	Grinding Wound	Repetitive Motion Disorder	
Ankle(s)	Groin	Shoulder(s)		Amputation	Hearing Loss	Scratch	
Back	Hand(s)	Spine		Avulsion	Heart Attack	Silver	
Buttock(s)	Head	Stomach		Blister	Heat (cramps, stroke)	Splinter	
Calf(s)	Hip(s)	Teeth		Burn	Hernia	Sprain / Strain	
Chest	Jaw	Thigh(s)		Contusion	Infection	Slip / Fall	
Ear(s)	Knee(s)	Throat		Death	Insect bite	Other	
Elbow(s)	Leg(s)	Thumb(s)		Dermatitis	Irritation (dust)	ACTION TAKEN:	
Eye(s)	Lungs	Toe		Foreign Object	Irritation (vapor)		
Face	Mouth	Upper Arm(s)		Fracture	Laceration		
Finger(s)	Neck	Whole Body		Frostbite	Pulmonary Condition		
Foot	Nose	Wrist(s)		Ganglion	Puncture Wound		

Provider Name: _____ Address: _____ Phone: _____

Witness: _____ Date: _____ Phone: _____

Person Preparing Report: _____ Report Date: _____

Supervisor Signature: _____ Date: _____

Supervisor should retain a copy and send a copy of this report to Amy Gora, Benefit/HR Coordinator.

WORKERS' COMPENSATION INJURY PROCEDURES

- **ALL work-related injuries or illnesses** REQUIRE the completion of This form (which should be returned to Human Resources/Benefits):

1. EMPLOYEE INJURY REPORT

*NOTE: State law requires the forms be completed and recorded within **SEVEN DAYS** after the date of occurrence. Please return the forms to The Employee Benefits Office within the legal timeframe or we may be subject to large fines.

- **IF medical attention is required**, employees must go to the **CRITTENTON OCCUPATIONAL FACILITY** (located near the South Entrance, South (east) 2nd level Parking Structure crosswalk connects directly to office at Crittenton Hospital) **within ten days of occurrence**. The attached **AUTHORIZATION FOR TREATMENT** form should be completed and the employee should present it to the clinic at the time of treatment.(a building administrator or secretary can sign the form) No appointment is necessary however the facility is only open until approximately 4:30 p.m.

After treating with Crittenton employees may have the opportunity to treat with their own physician, however it **MUST be pre-approved** by our workers' compensation carrier before the visit or payment may be denied. They should contact Amy Gora directly if they would like authorization to see their own physician.

- All **work status** (medical report forms) should be faxed to Human Resources immediately. (x3105) If an employee is placed on "restrictions" by a physician and is unable to perform their own job, Human Resources will attempt to place them in a "restricted duty" position until they are able to return to their regular duty work. Please contact Amy Gora immediately if an employee is unable to work in their regular position due to a work-related injury.

Attendance in Frontline Absence Management can be coded by building personnel as 19-worker's comp. If you are unable to use the W/C code, please code as 01-personal illness and contact Amy Gora.

Please contact me at #3112 if any of the procedures are unclear or questions arise regarding any workers' compensation claims.



OCCUPATIONAL HEALTH PARTNERS

Employer Authorization

For Treatment/Billing

Date _____ Employee Name _____

Job Title/Duties _____

Employer _____ Phone _____

Address _____

Street
City
State
Zip

THIS EMPLOYEE IS AUTHORIZED FOR THE FOLLOWING SERVICES. (PLEASE CHECK ALL THAT APPLY FOR THIS VISIT)

Injury Care: (Describe) _____ Date of injury: _____ Time: _____ a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> Controlled Substance Test with this injury: <input type="checkbox"/> Urine Drug Screen <input type="checkbox"/> Breath Alcohol Test <i>Patients initially seen after hours in Emergency Department should return for follow-up care to the nearest Occupational Health Partners location. (Locations on reverse side)</i>		
Physical Exam (Bring eyeglasses and/or contact lenses and case.) <input type="checkbox"/> Post-offer/Pre-hire <input type="checkbox"/> DOT—new hire <input type="checkbox"/> MCOLES <input type="checkbox"/> Annual <input type="checkbox"/> DOT—renewal <input type="checkbox"/> Preventive Well Exam <input type="checkbox"/> Return to Work <input type="checkbox"/> Hazmat <input type="checkbox"/> Other _____		
Drug and Alcohol Testing (Photo identification required.) <input type="checkbox"/> DOT Urine Drug Screen <input type="checkbox"/> Urine Drug Screen Collection Only <input type="checkbox"/> Breath Alcohol Test (BAT) <input type="checkbox"/> Urine Drug Screen <input type="checkbox"/> Hair Testing <input type="checkbox"/> Other _____		
Screening/Immunization <input type="checkbox"/> Audiogram <input type="checkbox"/> TB Test (PPD) <input type="checkbox"/> Lift Test <input type="checkbox"/> Audiogram w/Analysis <input type="checkbox"/> Hepatitis B Vaccination <input type="checkbox"/> Pulmonary Function Test (PFT) <input type="checkbox"/> EKG <input type="checkbox"/> Hepatitis B Titer <input type="checkbox"/> Vision Screen <input type="checkbox"/> Respirator Questionnaire <input type="checkbox"/> Travel Medicine (Rochester Only) <input type="checkbox"/> Respirator Fit Test (No facial hair. No tobacco, food or drink (except water) one hour prior to test) <input type="checkbox"/> Other _____		

AUTHORIZED BY: _____

(Please print)
Phone

AUTHORIZED SIGNATURE: _____

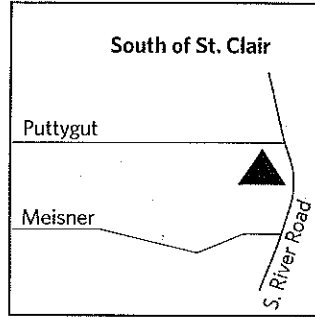
stjohnprovidence.org/occupationalhealth
 Your Partner in Workplace Health & Wellness

Occupational Health Locations to Serve Your Workplace

East China

St. John River District Hospital

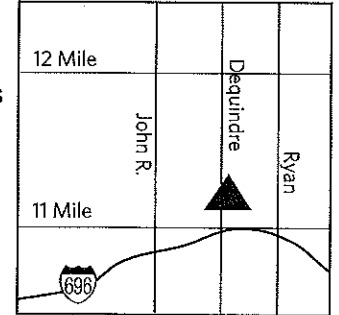
4100 River Road
(North of Meisner)
East China, MI 48054
810-329-8912
Fax: 810-329-8913



Madison Heights

St. John Macomb-Oakland Hospital, Madison Hts Campus

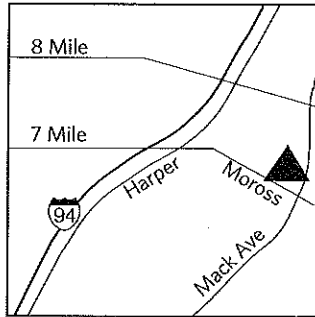
27351 Dequindre
(North of Eleven Mile)
Madison Heights, MI 48071
248-967-7715
Fax: 248-967-7716



Grosse Pointe Woods

St. John Hospital & Medical Center

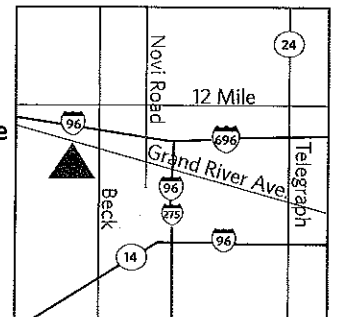
19251 Mack Ave., Suite 100
(North of Moross)
Grosse Pointe Woods, MI 48236
313-343-3740
Fax: 313-343-7864



Novi

Providence-Providence Park Hospital, Novi Campus

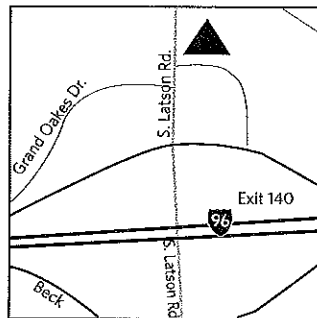
Outpatient Center - NE Entrance
47601 Grand River Ave., Suite B230
(SW corner of Beck)
Novi, MI 48374
248-465-4800
Fax: 248-465-4872



Howell

Ascension Medical Center

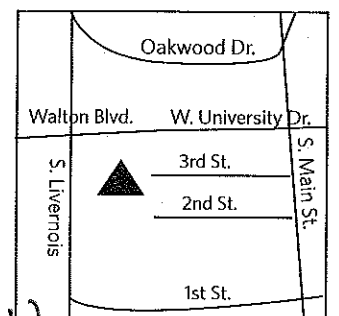
1225 S. Latson Road, Suite 130
(North of I96)
Howell, MI 48843
517-338-2370
Fax: 517-338-2371
After hours INJURY CARE is available in Urgent Care until 9 pm, 365 days a year



Rochester

Ascension Crittenton Hospital South Entrance, 2nd Level ~~X~~ Parking Structure

1101 W. University Dr.
(East of Livernois)
Rochester, MI 48307
248-652-5203
Fax: 248-652-5128



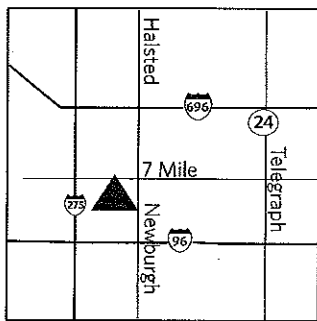
**2nd level, south (east) Parking Structure Crosswalk connects directly to office.*

Livonia

Providence-Providence Park Hospital

Mission Health Medical Center

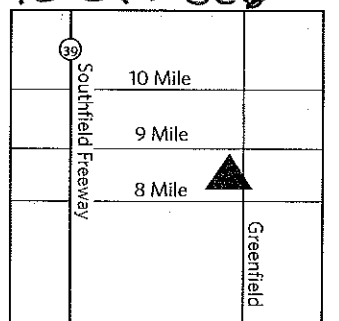
37595 Seven Mile Road
(SW corner of Newburgh)
Livonia, MI 48152
734-432-6668
Fax: 734-542-6108
After hours INJURY CARE is available in Urgent Care until 10 pm, 365 days a year



Southfield

Providence-Providence Park Hospital, Southfield Campus

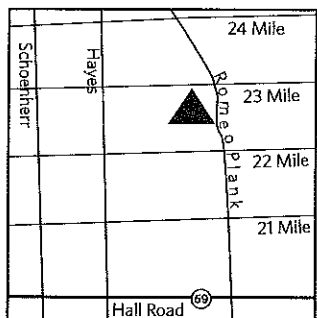
Providence Pavilion
22255 Greenfield, Suite 422
(South of Nine Mile)
Southfield, MI 48075
248-849-3195
Fax: 248-849-3390



Macomb Township

St. John Medical Center - Macomb Township

17700 23 Mile Road
(West of Romeo Plank)
Macomb Township, MI 48044
586-868-9120
Fax: 586-868-9136



Monday - Friday: 7:30 a.m. - 4 p.m.
After Hours Injury Care is Available in the Emergency Department 365 Days a Year