

SAINT LOUIS UNIVERSITY EMPLOYEE REPORT OF INJURY

TO BE COMPLETED FOR ALL WORK-RELATED INJURIES AND ILLNESSES

*** All Boxes Must be filled in Order to Comply with State Regulations ***

TO BE COMPLETED BY INJURED EMPLOYEE: (Please Print)

Today's Date			
Full Name			Banner ID No.
Home Address			Social Security #
City, State, Zip			Date of Birth
Home Phone Number	Work Phone Number		Sex Marital Status
What is your current position?			Date of Injury
What department do you work for?		Time of Injury	Time Work Shift Began
Who is your supervisor?	Supervisor's Title		Supervisor's Phone Number
What job were you performing at the time of the injury?			
At what location did the injury take place?			
In your own words, please explain what happened. (PLEASE BE SPECIFIC)			
What specific parts of your body were injured and what is the nature of the injury?			
Have you ever been under a doctor's care for the same or similar injury?			
What machine, tool or object was most closely connected with the injury, if applicable?			
Was this injury caused by someone or something outside the University? (Please explain)			
List the names of anyone witnessing your injury			
Do you have any other employment? (If so, where?)			
To whom did you report the injury?			
When did you report it? (If not immediately, please explain)			
If your injury involved a needle or any sharp instrument enter the type and brand of the device causing the injury.			
Employee Signature			Date Signed

TO BE COMPLETED BY SUPERVISOR:

Name of medical facility where employee sent		Employee Date of hire	Is the employee Full-time or part-time?
Has the employee returned to work? Yes No	Employee Division (S) & Cost Center (D) No.	What are the average number of hours the employee works per week?	What is the employee's hourly or weekly wage?
Supervisor Comments, if any			
Supervisor Signature			Date

WORKERS' COMPENSATION PROCEDURE INSTRUCTIONS

1. Employees must report work-related injuries to their supervisor immediately.
2. This *Employee Report of Injury* form should be completed by the injured employee together with the supervisor.
3. If medical attention is necessary, authorized treatment options are as follows:
 - a. Concentra Urgent Care - Monday through Friday - 8am to 5pm – *see directions below*
 - b. SEVERE INJURIES – SSM Health Saint Louis University Hospital Emergency Department
 - c. AFTER HOURS – For non-emergency injuries - Concentra Telemedicine www.concentratelemed.com. For emergencies - SSM Health Saint Louis University Hospital Emergency Department.
 - d. This ORIGINAL form should **NOT** be left at the Emergency Department.
4. **ALL FOLLOW UP IS THROUGH CONCENTRA URGENT CARE.**
Employees must report to Concentra Urgent Care on the next business day if initial treatment is done in the Emergency Department.
5. The employee must take a copy of the *Injury Work Status* from Concentra Urgent Care back to the supervisor.
6. The supervisor notes any restrictions on the *Injury Work Status* and places the employee accordingly. The supervisor should notify Risk Management if problems.
7. It is the responsibility of the injured employee to comply with all medical instructions of the authorized treating medical provider/physician.
8. Employees of the University maintain the right to seek medical treatment from the provider of their choice, but any expenses incurred will be borne solely by the employee.
9. If the above procedures are followed, all medical expenses for injuries compensable under the Missouri Workers' Compensation law will be the responsibility of the University.
10. For assistance, contact Office of Risk Management at 977-3952.

DIRECTIONS

Concentra Urgent Care
3100 Market Street

- 1- When traveling on Grand, turn onto I-64 east ramp.
- 2- Keep left, follow signs for Market Street and merge onto Market Street.
- 3- Turn right into Concentra Urgent Care's Parking Lot

