



**SAINT LOUIS UNIVERSITY**  
EST. 1818

# 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)

Full Name		Today's Date	
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?			
Where 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?	Date returned to work	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		

Original form goes to Employee Health in person or via inter-office mail. See reverse side for directions to Employee Health. (Rev. 11/16)

# 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. Employee Health - Monday through Friday 7:30am to 3:30pm – *see directions below*
  - b. SEVERE INJURIES – SM Health Saint Louis University Hospital Emergency Department
  - c. AFTER HOURS – 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 EMPLOYEE HEALTH.**  
Employees must report to Employee Health on the next business day if initial treatment is done in the Emergency Department.  
This ORIGINAL form MUST be presented at Employee Health.
5. The employee must take a copy of the *Certificate of Fitness* from Employee Health back to the supervisor.
6. The supervisor notes any restrictions on the *Certificate of Fitness* 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 Employee Health

- 1-When traveling on Grand, turn west onto Vista Avenue - just South of the hospital and on the same side of Grand.
- 2-Travel west on Vista Avenue and make a right into the SSM Health Saint Louis University Hospital Outpatient Services parking lot
- 3-Drive up to the gate; it will open; park
- 4-Walk alongside the building on Rutger Street - headed toward Grand
- 5-Follow sign to Employee Health

