

Occupational Injury/Illness Report



IMPORTANT INFORMATION—PLEASE READ BEFORE COMPLETING THIS FORM. This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes. Submit completed report to IU Workers' Compensation by email at workcomp@iu.edu or by fax to (812) 855-2720. Type or print all information legibly.

SECTION 1—Employee Information

Employee Name:		Employee 10-Digit ID:	Date of Birth:
Campus:	Department:	Pay Frequency: <input type="checkbox"/> Hourly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	
Employee's Regular Work Schedule (e.g. 8 a.m. -5 p.m., M-F):			
Home Phone:		Office Phone:	
Supervisor's Name:		Supervisor's Email:	

SECTION 2—Injury Information

Date of Accident:	Time of Accident: <input type="checkbox"/> AM <input type="checkbox"/> PM	Date Reported to Supervisor:
Exact Place of Accident:		
Cause of Injury (e.g. trip and fall, lifting a box, etc.):		
Nature and Extent of Injury (e.g. sprain, laceration, etc.):		
Injured Body Part (e.g. left hand, lower back, etc.):		
Narrative Description of Incident and Injury:		
Treated by (Doctor Name):		Treated at (Hospital/Clinic Name):
Witnesses, If Any:		

SECTION 3—Signatures

Employee's Signature:
Supervisor's Signature:

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

This will authorize you to disclose to Indiana University Human Resources Worker's Compensation Services or it's representatives, information you may have regarding my condition while under your observation or treatment at any time, including medical history and findings, consultation, prescriptions, treatment, x-ray, special consultation reports, diagnosis and prognosis, and copies of all hospital and medical records.

A copy of this Authorization shall be considered as effective and valid as the original.

GINA Notification to Health Care Providers:

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic information' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or receive genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Signature_____

Address_____

City_____ State____ Zip_____

DOB_____

Date_____