

# **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 Human Resource Office within the legal timeframe or we may be subject to large fines.

- **IF medical attention is required**, employees must go to an **ASCENSION Michigan at Work office**. Locations attached.
- 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 4:00 p.m.
- After treating with Ascension Michigan at Work, 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. Employees 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 (248-726-3187). 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 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 Amy Gora at ext. 3112 if any of the procedures are unclear or questions arise regarding any workers' compensation claims.**

# 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		Phone number		DEN number	
Address City, State, Zip					

### INJURY/MEDICAL DATA

Date of Injury		Time		Location	
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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, HR Benefit Specialist

# Ascension Michigan Employer Solutions

## Employer Authorization

### For Treatment/Billing

Date \_\_\_\_\_ Employee Name \_\_\_\_\_

Job Title/Duties \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

**MINORS MUST BE ACCOMPANIED BY PARENT OR LEGAL GUARDIAN**

**Injury Care:** (Describe) \_\_\_\_\_

Date of injury: \_\_\_\_\_ Time: \_\_\_\_\_ a.m. ☐  
p.m. ☐

**Controlled Substance Test with this injury:** ☐ Urine Drug Screen ☐ Breath Alcohol Test

Patients treated after hours in Urgent Care or Emergency Department should return  
for follow-up care at the nearest occupational health office.

#### Physical Exam (bring eyeglasses and/or contact lenses and case)

☐ Post-offer/Pre-hire

☐ DOT—new hire

☐ MCOLES

☐ Annual

☐ DOT—renewal

☐ Preventive Well Exam

☐ Return to Work

☐ Hazmat

☐ Silica Exam

☐ Other \_\_\_\_\_

#### Drug and Alcohol Testing (photo identification required)

☐ DOT Urine Drug Screen

☐ Urine Drug Screen

☐ Breath Alcohol

☐ DOT Collection Only

☐ Collection Only

☐ DOT Breath Alcohol

☐ Hair Testing

#### Reason:

☐ Pre-hire

☐ Random

☐ Post accident

☐ Reasonable suspicion

☐ Return to duty

☐ Follow Up

☐ Other

#### Screening/Immunization

☐ Audiogram

☐ TB Test (PPD)

☐ Tspot

☐ Audiogram w/Analysis

☐ Hepatitis B Vaccination

☐ Pulmonary Function Test (PFT)

☐ EKG

☐ Hepatitis B Titer

☐ Lift Test

☐ Respirator Questionnaire

☐ Travel Medicine (Rochester)

☐ Hepatitis A Vaccination

☐ Respirator Fit Test **(No facial hair. No tobacco, food or drink (except water) one hour prior to test)**

☐ Other \_\_\_\_\_

**AUTHORIZED BY:** \_\_\_\_\_  
(Please print) Phone

**AUTHORIZED SIGNATURE:** \_\_\_\_\_

[employersolutions.ascension.org](http://employersolutions.ascension.org)

Improving the health and productivity of your workforce

# Ascension Michigan Employer Solutions

## Locations in Michigan to Serve Your Workplace

### **SOUTHEAST MICHIGAN**

#### **EAST CHINA**

Ascension River District Hospital  
4100 River Rd. • East China, MI 48054  
**810-329-8912** • Fax: 810-329-8913  
**ameseastchina@ascension.org**  
Monday - Friday 7:30 a.m. - 4 p.m.

#### **GRAND BLANC**

Ascension Genesys Hospital  
Main Entrance  
1 Genesys Parkway • Suite 1620  
Grand Blanc, MI 48439  
**810-606-5957** • Fax: 810-606-5907  
**amesgrandblanc@ascension.org**  
Monday - Friday 7:30 a.m. - 4 p.m.

#### **LIVONIA**

Ascension Providence Health Center  
37595 Seven Mile Rd. • Livonia, MI 48152  
**734-432-6668** • Fax: 734-542-6108  
**ameslivonia@ascension.org**  
Monday - Friday 7:30 a.m. - 4 p.m.

#### **MACOMB TOWNSHIP**

Ascension St. John Hospital Health Center  
Emergency Entrance  
17700 23 Mile Rd.  
Macomb Township, MI 48044  
**586-868-9120** • Fax: 586-868-9136  
**amesmacombtw@ascension.org**  
Monday - Friday 7:30 a.m. - 4 p.m.

#### **MADISON HEIGHTS**

Ascension Macomb-Oakland Hospital, Madison Heights  
27351 Dequindre Rd.  
Madison Heights, MI 48071  
**248-967-7715** • Fax: 248-967-7716  
**amesmadisonhgts@ascension.org**  
Monday - Friday 7:30 a.m. - 4 p.m.

#### **NOVI**

Ascension Providence Hospital, Novi Campus  
Outpatient Center, Northeast Entrance  
47601 Grand River Ave., Suite B230  
Novi, MI 48374  
**248-465-4800** • Fax: 248-465-4872  
**amesnovi@ascension.org**  
Monday - Friday 7:30 a.m. - 4 p.m.

### **WEST MICHIGAN**

#### **BATTLE CREEK**

Health Park South  
2845 Capital Ave. SW, Suite 206 • Battle Creek, MI 49015  
**269-962-0790** • Fax: 269-962-0828  
**amesbattlecreek@ascension.org**  
Monday - Friday 8:00 a.m. - 4:30 p.m.

#### **KALAMAZOO**

Ascension Borgess Hospital  
Main Entrance  
1521 Gull Road, Suite 430 • Kalamazoo, MI 49048  
**269-226-5177** • Fax: 269-552-0308  
**ameskalamazoo@ascension.org**  
Monday - Friday 8:00 a.m. - 4:30 p.m.

#### **PORTAGE**

Ascension Borgess at Woodbridge Hills  
7901 Angling Rd.  
Portage, MI 49024  
**269-324-8426** • Fax: 269-324-8445  
**amesportage@ascension.org**  
Monday - Friday 8:00 a.m. - 4:30 p.m.,  
After hours injury care is available in Intermediate Care  
Call for hours, 269-324-8405

**AFTER HOURS INJURY CARE IS AVAILABLE  
IN THE EMERGENCY ROOM AT  
ASCENSION MICHIGAN HOSPITALS**