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**FOREST HILLS PUBLIC SCHOOLS  
EMPLOYEE REPORT OF INJURY FORM**

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**EMPLOYEE WORK INJURY REPORT**

**Fill All Blanks in Completely**

Employee Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Street Number & Name City/State Zip Code MM/DD/YYYY

Primary Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Primary Email \_\_\_\_\_

Job Title \_\_\_\_\_ School/Building Assigned \_\_\_\_\_

Time Emp Began Work \_\_\_\_\_ ☐ AM ☐ PM Time Injury Occurred \_\_\_\_\_ ☐ AM ☐ PM

Date of Injury \_\_\_\_\_ Exact Place of Accident \_\_\_\_\_  
MM/DD/YYYY

What were you doing just before the incident occurred? Describe the activity as well as the tools, equipment, or material you were using. Be specific. *Examples: "climbing a ladder while carrying electrical materials"; "walking outside at the bus garage near the fueling station"; "lifting a box of books."*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What was the exact injury or illness? What object or substance directly caused harm? Tell the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." *Examples: "strained back"; "fell on right hip"; "cut left hand."*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description of First Aid Rendered \_\_\_\_\_

Who Rendered First Aid? \_\_\_\_\_  
(Name) (Phone Number)

Witness(es) to Accident \_\_\_\_\_  
(Name & Phone Number) (Name & Phone Number)

**Employee must go to Corewell Health (Spectrum Health) URGENT CARE on the day of the injury. Do not seek treatment from a personal doctor. Attached is a list of approved locations and the authorization to treat form.**

Did you seek medical treatment? ☐ Yes ☐ No If Yes, Date \_\_\_\_\_  
MM/DD/YYYY

If Yes, did you go to an authorized Corewell Health Urgent Care? ☐ Yes ☐ No

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date of Report

Completed form should be forwarded within 24 hours to the Human Resources Office  
Confidential Fax: 616-493-8559  
Email: [jjewell@fhps.net](mailto:jjewell@fhps.net)

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**FOREST HILLS PUBLIC SCHOOLS  
SUPERVISOR REPORT OF INJURY FORM**

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**SUPERVISOR REPORT OF WORK INJURY**

Was the employee performing his/her assigned work when injured? ☐ Yes ☐ No

Describe the work being performed at time of injury. Be specific. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What machines or equipment were involved? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were any unsafe conditions present which caused this injury? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What will be done to prevent a repetition of this type of injury? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Employee must go to Corewell Health(Spectrum Health) Urgent Care. Do not seek treatment from a personal doctor or another clinic.**

Did employee seek medical treatment? ☐ Yes ☐ No If Yes, Date \_\_\_\_\_

MM/DD/YYYY

If Yes, did employee go to an authorized Spectrum Health Occupational Health Clinic, above? ☐ Yes ☐ No

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date of Report

\_\_\_\_\_  
Supervisor Printed Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email

Completed form should be forwarded within 24 hours to the Human Resources Office  
Confidential Fax: 616-493-8559  
Email: [jjewell@fhps.net](mailto:jjewell@fhps.net)

# Authorization TO TREAT: OCCUPATIONAL HEALTH - COMPANY

**CALL TO SCHEDULE APPOINTMENTS 616.391.2778.**

Occupational Health  
 www.Spectrumhealth.org/occhealth  
 Email: OccServ@Spectrumhealth.org  
 616.391.2778 fax 616.267.9033

Patient name \_\_\_\_\_ Patient phone \_\_\_\_\_ Date (valid for 48 hours) \_\_\_\_\_  
 Employer \_\_\_\_\_ Job title \_\_\_\_\_  
 Employer address \_\_\_\_\_ Employer phone \_\_\_\_\_  
 Is patient employed by a temporary agency? No Yes If yes, name of agency \_\_\_\_\_  
 Treatment/Examination authorized by **(print)** \_\_\_\_\_  
 If appointment scheduled: Date \_\_\_\_\_ Time \_\_\_\_\_  
 Service location (check): Breton Greenville Michigan Other \_\_\_\_\_

## REFERRAL FOR (check)

### Injury/Illness

Treatment for an alleged work related injury or illness

Other \_\_\_\_\_

### Physical Exam

Pre-placement physical	TB test	Step 2 TB	Pulmonary Function Test (PFT)
DOT examination	Hep B series		Titmus vision test
New Recertification	1st		Lift test
Medical Surveillance/Hazmat Exam	2nd		Audio
Initial Periodic Exit	3rd		Blood work
Return to Work	Comprehensive back exam		Titer _____
*Include work status letter from treating physician	Respiratory certification		Other/Provider preference
	Hand/Wrist exam		Other _____

### Drug/Alcohol Tests (check all that apply)

DOT Non-DOT

Drug Test

☐ 5 panel ☐ 7 panel ☐ 10 panel ☐ 10+ panel with expanded opiates ☐ Hair test ☐ Collection only

E.B.T. (Evidential Breath Test)

### Reason (check one)

Pre-employment	Post accident	Reasonable cause
Random	Return to duty	Follow-up Testing

## INSTRUCTIONS FOR APPLICANTS

### Picture IDENTIFICATION is required.

PHYSICAL EXAM - Bring glasses or contacts if worn. Arrive a minimum of 30 minutes before closing time.

DRUG TEST - If you are required to give a urine specimen for a drug test as a part of a physical examination **DO NOT URINATE** just prior to arriving.

ALCOHOL TEST - Avoid eating, drinking, belching or putting anything in your mouth 15 minutes prior to the test.

TB SKIN TEST - Notify the Spectrum Health Occupational Health staff prior to the test if you have ever had a positive skin test. If you receive a TB skin test, you **MUST RETURN** to the Spectrum Health Occupational Health location after 48 hours but before 72 hours to have this test read.

AUDIOMETRY - OSHA requires that persons receiving audiometric testing should not be exposed to loud noise, without the benefit of hearing protection, for a least 14 hours before an audiometric test is performed.

BLOOD TESTS - Verify with your employer, prospective employer or with a Spectrum Health Occupational Health location whether fasting is required prior to having blood drawn for laboratory analysis.

PULMONARY FUNCTION TESTING - **DO NOT** eat a heavy meal, smoke or use an inhaler up to an hour before a pulmonary function test is performed.

Children are not allowed in the clinical area due to the procedures being performed. If you must bring a child, please bring an adult to supervise.

**Examinees who do not have scheduled appointments may experience longer waits. Call to schedule an appointment at 391-APPT.**

DO NOT MARK BELOW THIS LINE

BARCODE ZONE

DO NOT MARK BELOW THIS LINE



# Occupational Health Services

Adding locations to better meet your business needs.

## Occupational Health

Monday to Friday: 7 a.m. to 5 p.m.

Schedule an appointment:

[spectrumhealth.org/schedule](https://spectrumhealth.org/schedule)

1 426 Michigan Street NE  
Grand Rapids, MI 49503

2 4600 Breton Road SE  
Kentwood, MI 49508

Monday to Friday: 7:30 a.m. to 4:30 p.m.

3 705 S. Greenville West Drive, Suite 102  
Greenville, MI 48838

## Urgent Care

For urgent injury care.

Monday to Sunday: 8 a.m. to 8 p.m.

Get in line now:

[clockwisemd.com/groups/143](https://clockwisemd.com/groups/143)

4 Ada Urgent Care  
7128 Fulton Street E.  
Ada, MI 49301

5 Alpine Urgent Care  
2332 Alpine Avenue NW  
Grand Rapids, MI 49544

6 East Beltline Urgent Care  
2750 E Beltline Avenue NE  
Grand Rapids, MI 49525

7 Rockford Urgent Care  
8501 Meadow Creek Drive  
Rockford, MI 49341

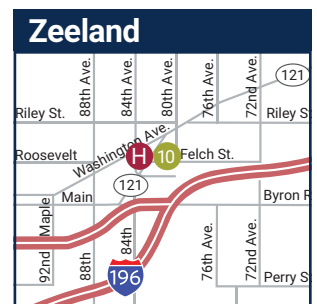
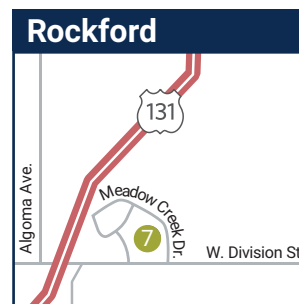
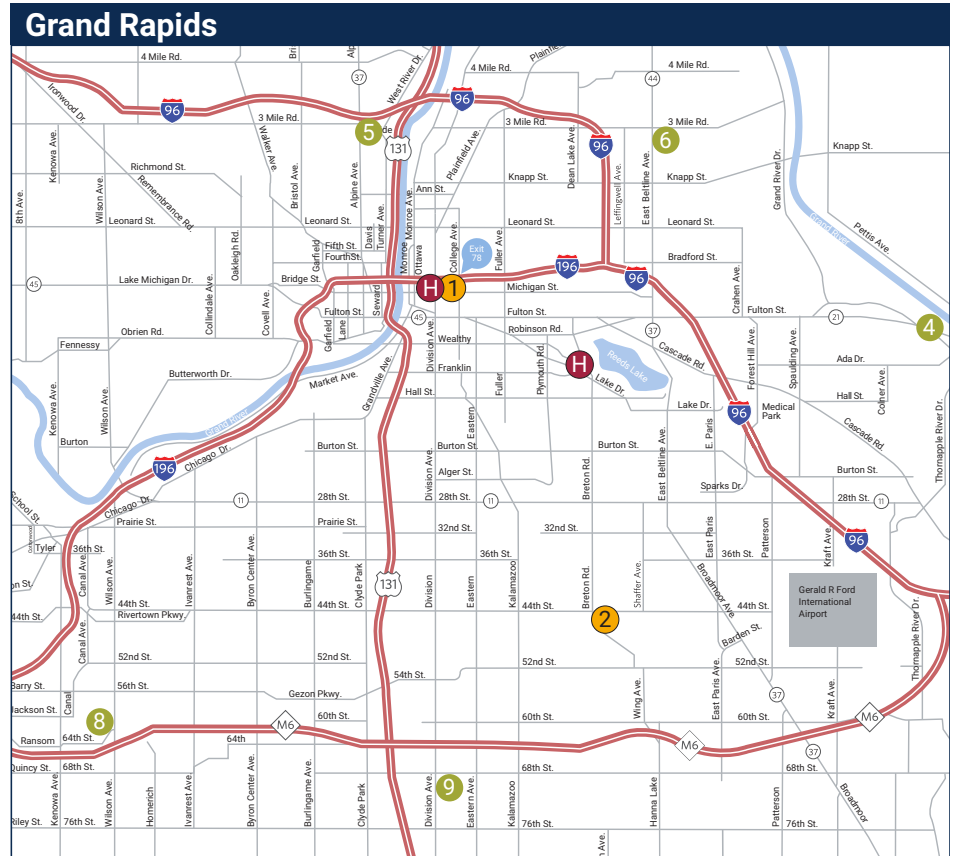
8 West Pavilion Urgent Care  
6105 Wilson Avenue SW  
Wyoming, MI 49418

9 South Pavilion Urgent Care  
80 68th Street SE  
Grand Rapids, MI 49548

Monday to Sunday: 10 a.m. to 10 p.m.

10 Spectrum Health Urgent Care - Zeeland  
8333 Felch Street, Suite 100A  
Zeeland, MI 49464

24 Hour Virtual initial Injury Triage, Spectrum Health | Call 844.322.7374



## After-Hours Emergency Care

H Spectrum Health  
Blodgett Hospital  
1840 Wealthy Street SE,  
Grand Rapids

H Spectrum Health  
United Hospital  
615 S. Bower Street,  
Greenville

H Spectrum Health  
Butterworth Hospital  
100 Michigan Street NE,  
Grand Rapids

H Spectrum Health Zeeland  
Community Hospital  
8333 Felch Street,  
Zeeland