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

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 Spectrum Health Occupational Health Clinic. Do not seek treatment from a personal doctor or another clinic.

Spectrum Occupational Health
426 Michigan St. NE
Grand Rapids, MI 49503
Monday to Friday: 7 a.m. to 5 p.m.

Spectrum Urgent Care (Ada)
7128 Fulton St. East
Ada, MI 49301
Monday to Sunday: 8 a.m. to 8 p.m.

Spectrum Urgent Care (East Beltline)
2750 East Beltline Ave. NE
Grand Rapids, MI 49525
Monday to Sunday: 8 a.m. to 8 p.m.

Spectrum Occupational Health
4600 Breton Rd. SE
Kentwood, MI 49508
Monday to Friday: 7 a.m. to 5 p.m.

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