

UAB On-The-Job Injury/Illness Initial Medical Evaluation Authorization

This form must be completed, signed and presented to the medical service provider prior to receipt of treatment, except in the event of a serious medical emergency. A post-accident drug screening will be performed as required by the UAB On-the-Job Injury/Illness Program policy.

This UAB employee, _____ (_____),
(full name of employee and social security number)

is referred to _____ for evaluation of the injury/
(medical service provider)

illness described below. **An incident report must be completed and submitted as required by the On-the-Job Injury/Illness Program policy (or refer to Human Resources web sit at www.hrm.uab.edu**.

Employee's Department: _____

Employee's Position/Title: _____

Date incident occurred: _____

Brief description of incident and resulting injury or illness:

Employee Signature: _____ Date signed: _____

Supervisor Signature: _____ Date signed: _____

Supervisor Phone Number: _____

Completion of this form does not certify that the injury or illness described above is an "On the Job Injury/Illness" (OJI) qualifying for benefits under the UAB On-The-Job Injury/Illness Program. **An application for OJI benefits must be completed, signed and submitted to Brentwood Services Administrators.** A copy of the application and further information regarding the OJI program may be accessed on the web at www.uab.edu/humanresources or by contacting Krystal Gipson with Brentwood Services Administrators at 205-933-0373 ext. 127 or 1-888-314-2667.

(V. 8/20/14)