

## **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](http://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](http://www.uab.edu/humanresources) or by contacting Brentwood Services Administrators at 205-933-0373 or 1-888-314-2667.

(V. 6/5/15)