



Rochester, Michigan 48309-4401

Authorization for Employee to Seek Medical Treatment

THIS EMPLOYEE IS REFERRED TO YOU FOR THE FOLLOWING ILLNESS/INJURY:

Name of injured _____ Grizzly ID. _____
last first middle

Department _____ Telephone No. _____

Date of illness/injury _____ Time of illness/injury _____ a.m/p.m

Description of illness/injury _____

Department chair or supervisor's signature _____ Date _____

Department name _____ Phone _____

In my judgment, the above condition **did** **did not** arise of and in the course of my employment at Oakland University. I understand that medical information regarding this condition will be given to my supervisor and/or the Staff Benefits Office. I agree to be responsible for payment if the condition is determined not to be work-related.

Employee Signature _____ Date _____

ATTENDING PHYSICIAN'S REPORT

Date _____ Time-In _____ Time-Out _____

1. When did you first see this employee? _____

2. Do you believe this illness/injury to be job-related? YES NO UNCERTAIN (explain) _____

3. What is the diagnosis? _____

4. Does this illness/injury cause disability from work? YES NO

5. If disabled, can work restrictions be applied to allow employee to return to work immediately? YES NO If yes, identify restriction(s)

One -hand job L? R? Dry work Clean atmosphere No lifting over _____ pounds

No pushing or pulling Cool atmosphere Other _____

6. How long should these restrictions exist? _____

7. If employee is unable to immediately return to work in any capacity, when do you expect him/her to return? _____

8. Should employee return to for follow-up examination/treatment? YES NO When? _____

9. What type and frequency of treatment have you provided? _____

10. Did the illness/injury require hospitalization? YES NO

11. Refer to Crittenton Medical Center? YES NO

12. Additional remarks _____

Physician's Signature _____ Date _____

Routing: White/Pink = Staff Benefits
Goldenrod = Health Center
Yellow = Department

Amount due _____

Balance paid _____

Please forward this completed form to: Staff Benefits Office • 142 North Foundation Hall