

FAX COVER SHEET

Report of On-the-Job Injury/Illness

University of Oklahoma - Norman Campus

TO: Department of Human Resources
Attn: Carrie Clark
Fax #: 325-2435

FROM: _____ (Name)
_____ (Department)
_____ (E-mail)

Employee: _____

DATE: _____

Please indicate which reports you are submitting with this fax:

- _____ Employee's Report
- _____ Employee Medical Authorization
- _____ Employee Medical Questionnaire
- _____ Needlesticks & Sharps Report
- _____ Supervisor's Report of Injury
- _____ Medical Treatment Waiver
- _____ Physician's Return to Work Status Report(s)
- _____ Other: _____

Notes:

Total Number of Pages Sent (including this cover sheet): _____

(Revised Oct 2020)