

SUPERVISOR'S REPORT OF AN INJURY TO THE WELLNESS CENTER

This is to certify that _____ (Name of employee) of the _____ (Dept.) is being referred to the Wellness Center for evaluation and treatment of an injury that occurred on ____/____/____ at _____ am /pm.

Describe briefly how and where the injury occurred:

Authorized by _____

At _____ am/pm. on ____/____/____

Dept PHONE: _____ Employee's Net ID # _____