



13. What steps have been taken to prevent a similar injury?

---

---

---

14. I certify that the foregoing statements are true and correct to the best of my knowledge, and I hereby apply for medical assistance from the University. I also authorize the physician or hospital to release my medical records pertaining to this injury to the appropriate University official.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

15. I hereby attest to the correctness of the information listed above.

\_\_\_\_\_  
Immediate Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Date

16. This is to certify that \_\_\_\_\_

was under my professional care due to \_\_\_\_\_

---

---

\_\_\_\_\_  
Physician

\_\_\_\_\_  
Date

17. I hereby recommend that this Report of Injury Related to Employment be referred to the appropriate insurance agency.

\_\_\_\_\_  
Area Vice President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Human Resources

\_\_\_\_\_  
Date

Revised 4/22/97  
Office of Human Resources