

FIRST REPORT OF INJURY

Date of Report: ____/____/____

Date Notified Employer: ____/____/____

Date of Injury: ____/____/____ **Time of Injury:** ____:____ AM/PM (circle one)

EDUStaff Employee Information:

Employee Name (Last, First, Middle): _____

SSN: ____-____-____ **DOB:** ____/____/____ **Sex:** M/F (circle one)

Address (Number & Street): _____

City: _____ State: _____ Zip: _____

Phone Number: ____-____-____ **Hire Date:** ____/____/____

Job Title: _____

Injury Report Information:

Job Location: _____

DISTRICT: _____

Start Time: ____:____ AM/PM (circle one) End Time: ____:____ AM/PM (circle one)

Address (Number & Street): _____

City: _____ State: _____ Zip: _____

Witness to Injury: _____ Witness Phone Number(s): ____-____-____

Explain How Injury Occurred: _____

Nature of Injury: _____

Part of the body directly affected by the injury: _____

Last Day Worked: ____/____/____ Date Employee Returned: ____/____/____

Was the injury fatal? Yes/No (circle one) If yes, date of fatality: ____/____/____

Did employee seek medical treatment? Yes/No (circle one)

If yes, date of treatment: ____/____/____

Name of treatment facility: _____

Address (Number & Street): _____

City: _____ State: _____ Zip: _____

Restrictions: _____

Expected return to work date: ____/____/____

District Information:

Building Supervisor: _____

(printed name and signature)

Phone Number: ____ - ____ - _____

Date: _____

Feedback: _____

Please return via email to Julie Powers jpowers@edustaff.org or via fax to 877-974-6339.

Thanks!

AUTHORIZATION FOR TREATMENT Workers Compensation

This form authorizes a health care provider to treat the following EDUStaff Employee:

for a work related injury that occurred on _____

at _____.

Send all billing information to:

Accident Fund
PO Box 40790
Lansing, MI 48901

EDUStaff, LLC Workers Compensation Insurance

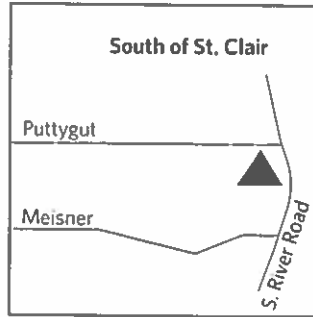
Policy Carrier: Accident Fund
Policy Number: WCV6121051

Occupational Health Locations to Serve Your Workplace

East China

St. John River District Hospital

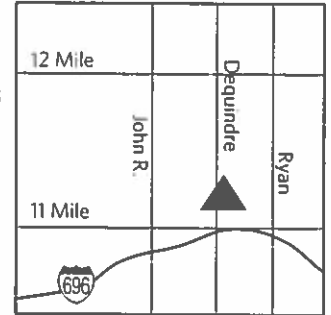
4100 River Road
(North of Meisner)
East China, MI 48054
810-329-8912
Fax: 810-329-8913



Madison Heights

St. John Macomb-Oakland Hospital, Madison Hts Campus

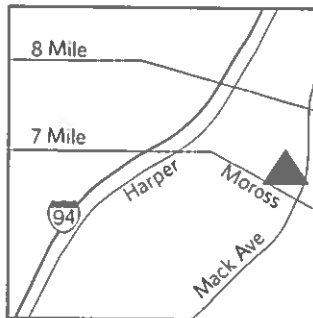
27351 Dequindre
(North of Eleven Mile)
Madison Heights, MI 48071
248-967-7715
Fax: 248-967-7716



Grosse Pointe Woods

St. John Hospital & Medical Center

19251 Mack Ave., Suite 100
(North of Moross)
Grosse Pointe Woods, MI 48236
313-343-3740
Fax: 313-343-7864



Novi

Providence-Providence Park Hospital, Novi Campus

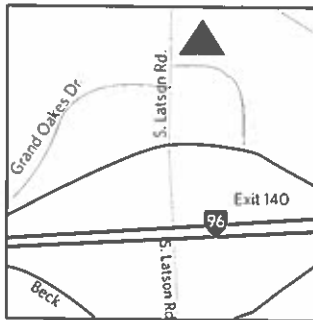
Outpatient Center - NE Entrance
47601 Grand River Ave., Suite B230
(SW corner of Beck)
Novi, MI 48374
248-465-4800
Fax: 248-465-4872



Howell

Ascension Medical Center

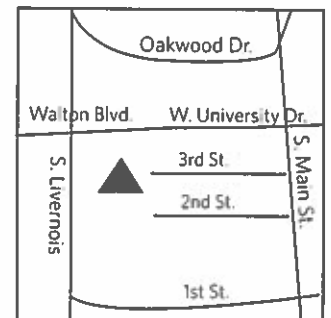
1225 S. Latson Road, Suite 130
(North of I96)
Howell, MI 48843
517-338-2370
Fax: 517-338-2371
After hours INJURY CARE is available in Urgent Care until 9 pm, 365 days a year



Rochester

Ascension Crittenton Hospital South Entrance, 2nd Level

Parking Structure
1101 W. University Dr.
(East of Livernois)
Rochester, MI 48307
248-652-5203
Fax: 248-652-5128

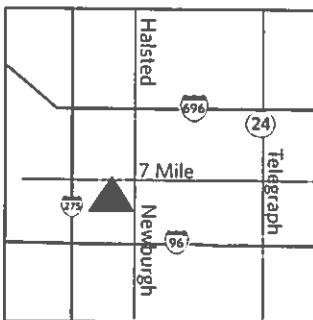


Livonia

Providence-Providence Park Hospital

Mission Health Medical Center

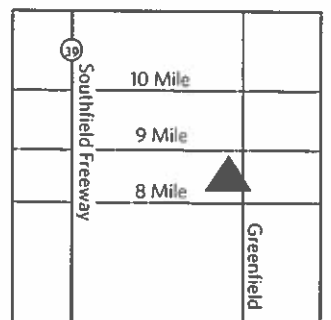
37595 Seven Mile Road
(SW corner of Newburgh)
Livonia, MI 48152
734-432-6668
Fax: 734-542-6108
After hours INJURY CARE is available in Urgent Care until 10 pm, 365 days a year



Southfield

Providence-Providence Park Hospital, Southfield Campus

Providence Pavilion
22255 Greenfield, Suite 422
(South of Nine Mile)
Southfield, MI 48075
248-849-3195
Fax: 248-849-3390



Macomb Township

St. John Medical Center -

Macomb Township

17700 23 Mile Road
(West of Romeo Plank)
Macomb Township, MI 48044
586-868-9120
Fax: 586-868-9136



Monday - Friday: 7:30 a.m. - 4 p.m.
After Hours Injury Care is Available in the
Emergency Department 365 Days a Year