



**FAX COVER SHEET
REPORT OF ONE-THE-JOB INJURY/ILLNESS**

Risk Management

TO:

Risk Management
Attn: Rita Gore
Fax: 495.7563

FROM:

Name

Department

Fax #

Email

Employee: _____

Date: _____

Please indicate which reports you are submitting in this fax:

- ☐ Employee's Report
- ☐ Supervisor's Report
- ☐ Needlesticks & Sharps Report
- ☐ Physician's Return to Work Status Report(s)
- ☐ Other: _____
- _____
- _____

NOTES:

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