



Report of Injury

Confidential

Call Confirmation #B302346Q Time : 06/16/2010 09:34:51 Employee , Test

To: Test Company- Dept: Location
Primary Contact : MaryJane Johnson
Phone : 333 333-3331
Alternate Contact : Jeremy Hee 333-333-3332
Employer Address : Test Corporate Name 8553 Test Street
Scottsdale AZ 85258
Re: Test Employee

OAKCA
TEST1
TEST

Dear Employer:

Please find attached an injury report for an incident which occurred on 09/28/2009 08:00:00 .
The following information was provided to Company Nurse 0 days later on 09/28/2009 09:05:00.
Your employee was triaged by a nurse and will seek or has sought treatment.

Treatment facility:

17000001

Test Clinic
123 Main St
Any City AZ 85001
Phone : 480 222-0800 Fax : 623-321-1511

A Provider Alert has been faxed to the above number with the Employer's Name & Address, Employee's Name & Address, Details of the Injury, and a Work Status Report that the medical provider may complete and return to your designated recipient.

If your company mandates POST-ACCIDENT DRUG/ALCOHOL TESTING or if you have a RETURN-TO-WORK program and you have notified Company Nurse of these programs, we have included this information on the fax to the provider. If you would like more information on these services, please contact your Company Nurse Customer Service Representative or notify the main office at 888-817-9282 or service@companynurse.com.

Please contact the medical facility to obtain drug/alcohol test results and employee work limitations.

Claims/Medical Billing Information (if a treatment facility is populated above, we have forwarded this information to them):

Test Insurance
9512 Claims St Suite 1526
Phoenix AZ 85001
Phone : 666 666-6666 Fax : 666 666-6667

TESTINS

Home care/first aid advice provided by Company Nurse does not constitute authorization for modified duty.
This injury report is being forwarded as a service to your organization; you may want to further investigate the incident.

CONFIDENTIALITY NOTICE - This document may contain information that is confidential or legally privileged. If you are not the intended recipient, or a person responsible for delivering it to the intended recipient, you are hereby notified that you must not read, disclose, copy, distribute or use any of the information contained in this document. If you have received this document in error, please immediately notify Company Nurse at 888-817-9282 or service@companynurse.com and destroy this document in its entirety.

Thank you.



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## Employer Information

Test Company- Dept: Location TEST1 Test Corporate Name 8553 Test Street Scottsdale AZ 85258  Phone : 333 333-3331	OAKCA TEST1 TEST	Location: 0001 Address of Business Location 4658 Test Location Blvd, Suite 5 Pasadena, CA 99911  Report Taken By: Angi , Angi
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## Employee Information

Last Employee	First Test	Middle Initial	SSN 123-45-6789	Date of Birth 12/12/1935	Gender M	Marital Status Single
Home Address 12345 Home Blvd Apt C25		City Mesa		State AZ	Zip 85202	
Home Phone 480-374-2450	Work Phone 480-222-0802	Hire Date 10/21/2006	Occupation Mechanic	Avg Weekly Wage Data NOT PROVIDED		
Caller Test Employee	Supervisor Name Test Supervisor		Supervisor Phone 480-222-0803			

## Language

Employee Speaks English	Language Service Used	
Interpreter 1 ID #	Interpreter 2 ID #	Interpreter 3 ID #

## Date, Time, and Place of Incident/Report

Date/Time (local) of Incident 09/28/2009 08:00:00	Day of week Monday	Date/Time (local) Reported to CN 09/28/2009 09:05:00	Date/Time Reported to Supervisor 09/28/2009 08:50:00	Injury Work Department garage
Injury Location 4658 Test Location Blvd, Suite 5 Pasadena 99911 CA				
Witnesses: Phil Hogg				

## Injury and Treatment

Nature of Incident / body part Cuts, Lacerations, Scrapes, Punctures	Hand Right	<input type="checkbox"/> Report Only NO TRIAGE
Reason Alternate Chosen		<input type="checkbox"/> Care Advice Given
Not on file Treatment Facility/Location		

## RN Triage

Medical Guideline OCC Health Next Office Hours	Nurse Override
Patient Response driving Medical Guideline · any wound (including superficial) and last tetanus booster > 5 years ago? - Yes	<input checked="" type="checkbox"/> Patient Understands <input checked="" type="checkbox"/> Patient Compliant
Patient Override	
Patient Reason	
Care Advice 4. OCC HEALTH NEXT OFFICE HOURS (MUST BE WITHIN 72 HOURS) Call back to Company Nurse if symptoms worsen, new symptoms occur or questions arise. 24. Keep wound clean and dry, OTC analgesics as needed, may return to duty in meantime, may apply ice or heat to wound for comfort, maintain injured part in	



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position of comfort.

## Triage Notes

1. Please describe your medical complaint.  
1" laceration to palm of right hand.
2. How did the accident happen? (Please state all details)  
Employee was cutting lettuce and cut her hand.
3. Please specify machine, tool, substance or object most closely connected with the accident.  
Knife
4. What was the employee doing when accident occurred?  
(i.e. loading truck, walking down stairs, etc)  
Cutting lettuce for student lunches.  
Medical History:  
Other:
6. Essential Nursing Notes:  
TEST REPORT TEST REPORT TEST REPORT TEST REPORT TEST REPORT TEST REPORT