

# INITIAL MEDICAL INFORMATION CHECKLIST

University of Tennessee  
Workers' Compensation

*(NOTE: This checklist must accompany all reports  
of employee on-the-job injuries.)*

Office of Risk Management  
Conference Center Bldg 112  
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EMPLOYEE NAME (Please print): \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Social Security #: \_\_\_\_\_

\_\_\_\_\_  
Employee did NOT seek medical attention.

\_\_\_\_\_  
Employee DID seek medical attention, BUT needed first aid only.

( "First aid" is defined as the following : )

Non-prescription medications; tetanus shot; surface wound cleaning; wound coverings such as band-aids, bandages, gauze, Steri-strips, butterfly; non-rigid support such as wraps or elastic bandages; temporary immobilization devices while being transported; drilling nail to relieve pressure; draining fluid from blister; eye patch; finger guard; massage; fluids to relieve heat stress; simple irrigation or swab to remove foreign body from eye or wound.

\_\_\_\_\_  
Employee required medical treatment beyond first aid, such as:

\_\_\_\_\_ Hospitalization

\_\_\_\_\_ Prescription medications

\_\_\_\_\_ Fracture

\_\_\_\_\_ Foreign body embedded in eye or wound

\_\_\_\_\_ Sutures

\_\_\_\_\_ Referred for further medical treatment or therapy

\_\_\_\_\_ Rigid splint or cast

\_\_\_\_\_ Other medical treatment (please list):

\_\_\_\_\_  
\_\_\_\_\_

## Return to work information:

\_\_\_\_\_ The employee has returned to work with no restrictions or time loss beyond the day of injury.

\_\_\_\_\_ A physician has released the employee to return to work with the following restrictions:

Date released: \_\_\_\_\_

Restrictions: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ There **WILL** be time lost from work beyond the day of injury as a result of the injury.

**\* \* PLEASE ATTACH LOST TIME/RETURN TO WORK CALENDAR \* \***

*I have spoken to the employee regarding his/her on-the-job injury and obtained the above information:*

*Signature of person obtaining information:* \_\_\_\_\_  
\_\_\_\_\_