



# Employee On-the-Job Injury Initial Medical Referral Form (USA Campus Employees Only)

**Instructions:** This form should be completed by the employee's supervisor and then taken by the employee to University Physician's Group.

**Medical treatment evaluation is authorized with:**

University Physician's Group  
University Commons  
75 S. University Blvd. Suite 6000-A  
Mobile, AL 36608  
Phone: 251-660-5787

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**Please print**

Employee Name: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

Brief Description of Accident:

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

Supervisor's Name: \_\_\_\_\_

Supervisor's Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_