

**SUPERVISOR'S REPORT OF AN INJURY TO THE WELLNESS CENTER**

This is to certify that \_\_\_\_\_ (Name of employee) of the \_\_\_\_\_ (Dept.) is being referred to the Wellness Center for evaluation and treatment of an injury that occurred on \_\_\_\_/\_\_\_\_/\_\_\_\_ at \_\_\_\_\_ am /pm.

Describe briefly how and where the injury occurred:

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

Authorized by \_\_\_\_\_

At \_\_\_\_\_ am/pm. on \_\_\_\_/\_\_\_\_/\_\_\_\_

Dept PHONE: \_\_\_\_\_ Employee's Net ID # \_\_\_\_\_