

(to be completed by  
Employee or designee)

## MPS Employee Injury Follow-Up

Page 1 (instructions below)

1. Name: \_\_\_\_\_  
Employee # \_\_\_\_\_

2. Injury date: \_\_\_\_\_

3. Injury Location: \_\_\_\_\_  
Enter room, area and/or  
description:  
\_\_\_\_\_

### PART D

### After Injury Follow-Up

#### 4. Appointments, Restrictions, Follow-up (check all that apply)

##### Doctor Visit

No Visit Needed

If you do not see a doctor and symptoms get worse, please contact HR for instructions BEFORE making an appointment or seeing a doctor, unless it is an emergency. Then follow-up as soon as possible.

##### Doctor Appointments

Yes, Appointment Date: \_\_\_\_\_

Doctor's Name & Address:  
\_\_\_\_\_

Results of appointment:  
\_\_\_\_\_

Please attach documentation of Aftercare instructions from the Dr's office. **YOU MUST PROVIDE A RETURN TO WORK FORM PRIOR TO RETURNING TO WORK TO Kim Coleman at [kkcoleman@mpsomaha.org](mailto:kkcoleman@mpsomaha.org) AND A COPY TO YOUR SUPERVISOR.**

**NOTE:** Employees may not change Doctors after completing the Doctor's Choice form. Please notify HR with any change request.

##### Work Restrictions

No Work Restrictions

Notify Supervisor. No other action is required.

Work Restrictions Required

Please attach documentation of Work Restriction instructions from the Doctor's office

##### Follow-Up

No Follow-up Appointment Needed

Notify Supervisor. No other action is required.

Follow-Up Appointment

Scheduled, please list date:  
\_\_\_\_\_

Please attach documentation of Work Restriction instructions from the Doctor's office

\*Notify/update supervisor after EACH appointment

\*This form should be completed within 48 hours of EACH appointment.

### PART E

### Lost Time

#### 5. Please check the appropriate box for time missed (If other, please list details of lost time):

No Work Time Missed

Went home day of injury

1 work day missed

2 work days missed

3-4 work days missed

5-6 work days missed \*

6-7 work days missed

8 days + work days missed

\* 5 or more days missed and/or surgery scheduled, contact Kim Coleman for FMLA paperwork [kkcoleman@mpsomaha.org](mailto:kkcoleman@mpsomaha.org)

Comments:

(to be completed by  
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## MPS Employee Injury Investigation Instructions

1. Injured employee's name -- FIRST NAME, M. INITIAL, LAST NAME and employee number (required)
2. Date the injury happened
3. Choose building or school name and enter the room or area where the injury occurred

### PART D

### After Injury Follow-up

4. Check the boxes that best describe the situation. Please fill in the details.

### PART E

### Lost Time

5. Check the appropriate box. List comments, as needed. Be sure to contact Kim Coleman at [kkcoleman@mpsomaha.org](mailto:kkcoleman@mpsomaha.org) if 5 or more days of work is missed, will be missed or surgery is scheduled.

PLEASE COMPLETE THE ENTIRE FORM FOR EVERY DOCTOR VISIT AND

SAVE FILE & E MAIL IT TO [kkcoleman@mpsomaha.org](mailto:kkcoleman@mpsomaha.org) OR FAX TO KIM COLEMAN AT 402 715 8409