



Injury On Duty (IOD) Report

Date: _____

Time Out: _____

Facility: _____ Medical Record #: _____

Front Desk Initials: _____

EMPLOYEE NAME: _____ HOME #: _____ WORK #: _____

DATE OF BIRTH: _____ SS #: _____ DEPARTMENT: _____

DATE OF INJURY: _____ TIME OF INJURY: _____ INITIAL/RECHECK (PLEASE CIRCLE)

TREATING PHYSICIAN: _____ HOW WAS AUTHORIZATION OBTAINED? _____

DESCRIPTION OF INJURY: _____

ASSESSMENT/DIAGNOSIS: _____

Is condition claimed and compatible to be work related? Yes No

Are known pre-existing or other conditions contributing? Yes No

TREATMENT RENDERED: _____

MEDICATIONS: (dispensed _____/prescribed _____)

RETURN TO WORK OUTLINE

____ RETURN TO REGULAR DUTY

____ DISCHARGED FROM CARE

____ SENT HOME (UNABLE TO WORK)

____ ADMITTED TO: _____

____ LIMITED DUTY

IF LIMITED DUTY NOT AVAILABLE,
MUST BE OFF WORK UNTIL NEXT VISIT

DATE TO RETURN TO REGULAR DUTY: _____

UPPER EXTREMITY

____ No use of injured hand/arm

____ No repetitive overhead work

____ No lift/push/pull over _____ lbs.

____ No repetitive/heavy gripping

____ No use of vibrating tools

____ No repetitive/outstretched arm use

LOWER EXTREMITY

____ Sitting job with foot/leg elevated

____ Alternate sit/stand, may walk
short distances

____ No squatting or kneeling

BACK

____ Sitting job only

____ Alternate sit/stand

____ May stand/walk up to _____ hrs/day

____ No repetitive stoop/bend/twist

____ May stoop/bend/twist _____ times/hour

____ Weight limit _____ lbs.

OTHER

____ Keep dressing clean/dry

____ No driving

____ No use of hazardous machinery

____ Medications may cause drowsiness

Do not take _____ at work.

FOLLOW UP APPT. REQUIRED? YES NO

AS NEEDED

DATE: ____/____/____ TIME: _____

REFERRAL TO SPECIALTY: _____ (ASC to make referral)

REFERRAL TO PHYSICAL THERAPY: _____ (ASC to make referral)

REFERRAL TO DIAGNOSTIC TESTING: _____ (ASC to make referral)

I understand this report and acknowledge receipt of a copy:

Patient: _____ Date: _____ Physician: _____

WHITE: FAX COMPLETED COPY TO ASC AT 615-360-5692 AND THEN RETAIN IN EMPLOYEE'S FILE.
GIVE EMPLOYEE COPY TO RETURN TO SUPERVISOR.