



## Injured Worker Advisory Form 001

### Laucala Campus

This advisory is designed to provide you with assistance on ensuring you maintain communication with the employer and your health care providers during your injury period

	<b>WHAT YOU MUST DO</b>	
<b>Reporting</b>	Ensure you report your injury to  your immediate supervisor  USP OHS Unit	Document the sequel of events that led to your injury , including persons who witnessed you being injured , they will be required to validate your report
<b>First Aid</b>	Ensure that you receive First Aid in the Workplace	Ensure that your injury is treated at the USP health and wellness centre.
<b>Medical Treatment</b>	Ensure that you comply with medical treatment and medications prescribed by the doctor	QBE insured workers are to use their QBE medical card to access medications and treatment with QBE doctors only
<b>Medical Reviews</b>	Ensure that you inform your supervisor of all dates for your review with health care providers	Ensure that you inform your HR officer of all dates for your review with health care providers
<b>Medical Reports</b>	Ensure that you print copies of all medical reports for your injury	Submit 1 copy of medical reports of your injury to USP OHS Unit as soon as it is received.
<b>Accident Reporting</b>	Ensure that you fill in USP Work accident statement form	If you are covered with QBE ensure you fill and submit QBE workman compensation claim form
<b>Accident Investigation</b>	Ensure that you cooperate with the requirements of the accident investigation panel	