

**EMPLOYEE INJURY REPORT**

(The employer is responsible for sending this form to the physician.)

The Bureau of Prisons can provide temporary alternative duty assignment for injury/ill staff who have temporary medical (for example, no lifting, bending, or running). Temporary alternative duty assignments can include a reduced work schedule, if medically indicated. Your cooperation and assistance in helping us provide an appropriate duty assignment for this employee is appreciated.

Name of Injured Employee:	
Date of Birth:	SSN:
Date of Injury:	
Diagnosis	
Treatment Plan:	
Prognosis	
Projected Return to Work Date:	
Physical Limitations (Please be specific)	
Activities Employee Can Do (Please be specific)	
Signature of Physician	Printed Name of Physician
Date:	
Safety Manager Name	Human Manager Resource Manager Name
Fax:	Fax:
Phone No. :	Phone no. :