

**FAX COVER SHEET**  
*Reports of On-the-Job Injury or Illness*

University of Oklahoma Norman Campus

**TO:**                    **Department of Risk Management**  
                             **Attn:            Workers' Compensation**  
                             **Fax #:            325-7238**

**FROM:**                \_\_\_\_\_ (Name)  
                             \_\_\_\_\_ (Department)  
                             \_\_\_\_\_ (Phone #)

**DATE:**                \_\_\_\_\_

Please indicate which reports you are submitting in this fax:

- \_\_\_\_\_ Form 2
- \_\_\_\_\_ Supervisor's Report
- \_\_\_\_\_ Employee's Report
- \_\_\_\_\_ Needlestick & Sharps Report
- \_\_\_\_\_ Physician's Return to Work Status Report(s)

**Total Number of Pages Sent (including this cover sheet):** \_\_\_\_\_