

(to be completed by
SSC Manager, Principal, supervisor or designee)

MPS Supervisor Injury Follow Up

(instructions on the next page)

51. Name: _____

52. Injury date: _____

38. Injury Location: _____

PART D

After Investigation Follow Up

54. Root cause analysis (check all that apply – list items from investigation report, or any new actions that have been determined)

Unsafe Acts

None, no action required
 Employee acted unsafely, follow-up needed.

Unsafe Conditions

None, no action required
 Conditions unsafe, follow-up needed.

System Deficiencies

None, no action required
 System deficiency, follow-up needed.

55. Action items from Supervisor Investigation Report	Latest status	
56 Newly determined or added Action items that need follow-up	Responsible party(ies)	Target date

PART E

After Injury Action Plans

55. Restrictions Review (Select – list where indicated.)

Does employee have restrictions:

Type: If yes, describe here

Effective until: _____

55. Restrictions Plan (Select – list where indicated.)

Can restrictions be accommodated:

List how or why not:

PART F

Follow Up With Employee

56. Visit with Employee (check all that apply) Please meet with employee 3 to 5 days following the injury or returning to work.

Employee Visit

Supervisor or Designee Conducting the Visit:

Employee is fine, no ongoing issues/concerns
Summary of the visit

Employee has the following issues/concerns
List issues concerns:

NOTE: If the employee has concerns talk with supervisor, safety or HR to resolve

Follow-up Doctor Appointments

No Follow-up Appointment Needed
Complete form & e-mail within 48 hours

Follow-Up Appointment Scheduled:

No Physical Therapy
 Physical Therapy Needed

1st Appointment

.....)
.....7
.....0

Complete form & e-mail within 48 hours

NOTE: YOU MUST DISCUSS
RESTRICTIONS WITH EMPLOYEES PRIOR
TO THEM RETURNING TO WORK

REMEMBER

The employee is the focus, but accident root causes **MUST** be identified & addressed/corrected

The employee must provide aftercare instructions, RETURN-TO-WORK FORM for EACH appointment until cleared with no restrictions.

The Supervisor & Employee must provide a Follow-up report for EACH appointment (excludes PT)

ALL related paperwork should be saved, named and e-mailed to fmla-wc@mpsomaha.org

PLEASE COMPLETE THE ENTIRE FORM FOR EVERY DOCTOR VISIT AND

SAVE FILE & E MAIL IT TO fmla-wc@mpsomaha.org OR FAX TO 402 715 1097

(to be completed by
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MPS Supervisor Injury Follow up Instructions

SUPERVISOR S FOLLOW UP INSTRUCTIONS (Page 4)

- 51. Injured employee's name -- FIRST NAME, M. INITIAL, LAST NAME –
- 52. Date the injury happened
- 53. Building or school name and room or area where the injury occurred

PART D After Injury Follow up

- 54. Check the boxes that best describe the situation. Please fill in the details, as needed.

PART E Actions Plans

- 55. Check the boxes that best describe the situation. Please fill in the details, as needed.

PART F FOLLOW UP WITH EMPLOYEE

- 56. PLEASE MEET WITH EMPLOYEE 3 TO 5 DAYS FOLLOWING THE INJURY. PLEASE CHECK ALL THAT APPLY AND COMPLETE ALL THREE AREAS.

PART G ASSISTANCE REQUESTED

- 57. IF YOU WOULD LIKE ASSISTANCE/FOLLOW- UP, PLEASE COMPLETE THIS SECTION.

PLEASE COMPLETE THE ENTIRE FORM AND RETURN TO fmla-wc@mpsomaha.org / Fax 402-715-1097