The following procedure must be followed whenever full-time, part-time, temporary, and student employees are injured on the job or become ill due to their work responsibilities as defined in the university’s worker’s compensation policy statement:

1. The employee must notify his/her supervisor immediately of all work-related injuries or illnesses, regardless of the apparent severity.

2. Employees living in the Rexburg area who sustain a serious or life threatening injury or illness should seek treatment at the Madison Memorial Hospital emergency room. All other work-related injuries or illnesses must be treated at the BYU-Idaho Health Center during normal business hours. If the Health Center is closed, employees may seek initial treatment from Madison Memorial Hospital or Community Care.

3. Employees outside of the Rexburg area who sustain a work-related injury or illness should report directly to the nearest available hospital or general-care medical facility if treatment is required.

4. Treatment from medical facilities other than those listed above and from specialized medical professionals such as ophthalmologists, chiropractors and physical therapists may occur but only after a referral from the initial treating physician.

5. In any event, the university Safety Office must be notified as soon as possible so proper documentation can be promptly prepared. A report form must be completed for every work-related injury or illness regardless of severity. This report form can be found at http://www.byui.edu/safety/forms/wc_form-2.htm. If you have questions, please call 208-496-2457.

Employees who receive treatment from medical specialists without a referral from a designated provider as indicated above will be responsible for paying the medical bills for the non-referred treatments, unless otherwise indicated by the university’s claims adjuster.

Acknowledgement: I, the undersigned, have read and understand the university’s Work-Related Injury or Illness Reporting Procedure. Further, I acknowledge having received a copy of this form.

___________________________     __________________________    _________________
Signature        Print Name         Date