

Referral for Care of Work-related Injury



University of Delaware supervisor to complete and attach job description, if available

Employee Name: _____

Date: _____ Date of Injury: _____

Employee's
Work Location: _____

Employee's
Supervisor/Contact: _____

Phone Number: _____ Spvsr. E-mail: _____

Health Care Center

Please send the Delaware Workers' Compensation Physician's Report of Injury to the Supervisor/
Contact named above and to Juanita Crook, UD Employee Relations at jcrook@udel.edu