UF Employees

Reporting Work-Related Injuries

In the event of a life-threatening medical emergency, call 911. After ensuring that an employee receives emergency medical care, AmeriSys, the State of Florida’s medical case management vendor, should also be notified of any work-related medical emergency as soon as possible by calling 1-800-455-2079.

If a non-life threatening on-the-job injury occurs:

1. The injured employee and supervisor should immediately contact AmeriSys by calling 1-800-455-2079. Treatment for any non-life threatening work-related injury or illness must be authorized by AmeriSys prior to obtaining medical treatment.

2. AmeriSys will determine if medical treatment is necessary, and assist the employee and supervisor in completing the First Report of Injury or Illness Form. The supervisor and employee should be prepared to provide information such as description of the injury, job title, rate of pay, department, etc. The supervisor will be asked to leave the room while the AmeriSys intake person obtains the injured employee’s personal health history. AmeriSys will select an appropriate medical provider and arrange the initial appointment and any necessary follow up treatment from within the AmeriSys Workers’ Compensation Services Provider Directory.

For volunteers: you will provide the volunteer record of service information to UFWC at 352 392 4940 after they go through Amerisys.

3. You must attend all of your scheduled medical appointments. Failure to do so may result in disciplinary action up to and including termination. Maintain contact with your supervisor daily or as directed by your supervisor in order to keep him/her informed about your medical progress, on-going treatment, and prognosis for recovery. Remember: Absence from work due to a work-related injury or illness will count toward your Family and Medical Leave Act (FMLA) entitlement as set forth in the Act.

4. Read UF’s modified duty statement. When your medical provider releases you to work, regardless of the limitations/restrictions you may have, you must be willing and available to return to the workplace.

5. AmeriSys will provide the State Division of Risk Management and the UF Workers’ Compensation Coordinator with a copy of the completed First Report of Injury or Illness Form. After receiving notification from AmeriSys of a work-related injury, the University of Florida’s Workers’ Compensation Coordinator will contact the employee and supervisor to discuss any questions regarding Workers’ Compensation, including but not limited to wages, time reporting, usage of leave, follow up care and absences for appointments, and modified duty.

6. Following all medical appointments, the employee must provide a copy of the Florida Workers’ Compensation Uniform Medical Treatment/Status Reporting Form (DWC-25) or duty status to the supervisor. The supervisor should send the DWC-25 or duty status to the UF Workers’ Compensation Coordinator, who will review the employee’s status and, if applicable, the medical provider’s restrictions to determine if the person is eligible for the Modified Duty Program.

If the DWC-25 or duty status indicates that an employee is not permitted to work or if the restrictions cannot be accommodated by the department, the supervisor must contact the UF Workers’ Compensation Coordinator at 352-392-4940 immediately.

7. The supervisor must complete the Accident Investigation Report and submit it to Environmental Health and Safety and the UF Workers’ Compensation Office within 24 hours of the accident.
Environmental Health and Safety should be notified at 392-1591 of any workplace hazards immediately.