

**Alabama Agricultural and Mechanical University
Office of Human Resources**

**Mailing Address: Human Resources, Alabama A&M University, Normal, AL 35762
Phone: 256.372.5835 Fax: 256.372.5881**

**Workplace Injury or Illness Incident Form
Medical Practitioner's Statement of Illness or Injury**

Name of Employee/ Patient: _____

Social Security Number: _____ Date of Birth: _____

Practitioner's Statement (Please type and use additional sheets if necessary)

Practitioner's Name: _____

Practitioner's Specialty: _____

Mailing Address: _____

Telephone number: _____ Fax Number: _____

1. Nature of illness or injury (layperson's terms): _____

2. Date upon which you first examined the patient for this condition: _____

3. Anticipated date upon which the patient will be fit to return to work:

Limited Duty: _____ Full Duty: _____

Practitioner's Signature Date

*Return to the Office of Human Resources via mail to
Human Resources, Alabama A&M University, Normal, AL 35762
or
Hand-deliver to
4101 Meridian Street Huntsville, AL 35811*