

**Complete for Paid Employees (Including Students).**

**UNIVERSITY OF NOTRE DAME**

**SUPERVISOR'S REPORT OF AN INJURY TO THE WELLNESS CENTER**

This is to certify that \_\_\_\_\_  
Name of Employee

from the Radiation Laboratory is being referred to the  
**Wellness Center**  
for the evaluation and treatment of an injury that occurred on

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ at \_\_\_\_\_ am pm

Describe briefly how and where the injury occurred:

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Authorized By \_\_\_\_\_

At \_\_\_\_\_ am pm on \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

**Form accompanies employee to Wellness Center.**