

What to do if you become injured at work

If you experience a work-related injury, it is important that you follow these steps for your health and safety:

- Report a work-related injury to your supervisor immediately when it occurs. If you feel it is severe, and you need medical attention right away call 911. If you are not able to get a hold of your supervisor, please contact David Skibo at 310-592-0835.
- After reporting to your supervisor contact the UCLA Occupational Health Facility (OHF) during regular working hours Monday-Friday 7:00 am - 4:00 pm at (310) 825-6771 to be seen. See map below for location.
- For injuries that occur after hours, weekends, and holidays go to Ronald Reagan UCLA Medical Center Emergency Department for evaluation & treatment. See map below for emergency department entrance.
- If you experience an injury at an off-site location and the distance to UCLA Occupational Health or UCLA Medical Center Emergency Department is too far you may also go to a Concentra Urgent Care only.

Click here for [Concentra Locations](#). Please complete the Concentra Authorization Form below before you go. Other urgent cares including locations operated by UCLA are not acceptable and may not be able to process your claim.

- After you receive treatment, please report back to your supervisor with any work restriction and follow up appointments so they may plan accordingly.

UCLA Occupational Health Facility



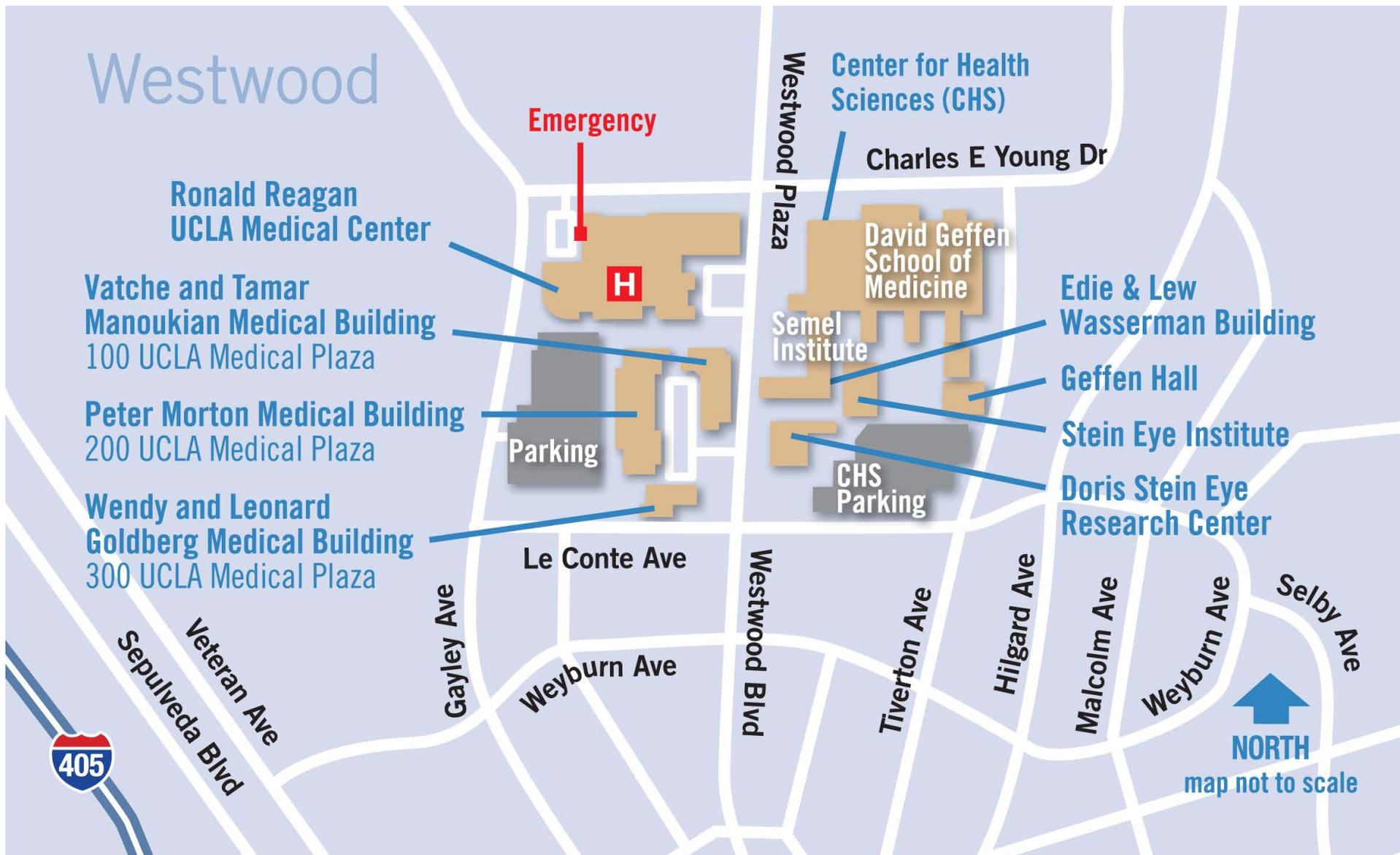
Occupational Health Facility

10833 Le Conte Ave, Room 67-120 CHS

Los Angeles, CA 90095

(310) 825-6771

Monday-Friday 7:00 am - 4:00 pm





(Patient must present Authorization and Photo ID at the time of service.)

Authorization for Examination or Treatment

Patient Name: _____ Social Security Number: _____

Employer: UCLA Health Date of Birth: _____

Street Address: _____ Location Number: _____

Temporary Staffing Agency: _____

Work Related

Injury Illness

Date of Injury _____

Substance Abuse Testing* (check all that apply)

Regulated drug screen Breath alcohol

Collection only Hair collect

Non-regulated drug screen Rapid drug screen

Other _____

Type of Substance Abuse Testing

Preplacement Reasonable cause

Post-accident Random

Follow-up

Special instructions/comments:

Authorized by: Ashley Hoskins

Phone: 310-794-3036

Please print

Physical Examination

Preplacement Baseline Annual Exit

DOT Physical Examination

Preplacement Recertification

Special Examination

Asbestos Respirator Audiogram

Human Performance Evaluation*

HAZMAT Medical Surveillance

Other _____

Billing (check if applicable)

Employee to pay charges

★ Due to the nature of these specific services, only the patient and staff are allowed in the testing/treatment area. Please alert your employee so that they can make arrangements for children or others that might otherwise be accompanying them to the medical center.

Title: WC Analyst

_____ Date

Concentra now offers urgent care services for non-work related illness and injury. We accept many insurance plans.

(Copies of this form are available at www.concentra.com)