



Health Event Report

(Reference WI 02.01.01.01.03 and WI 02.01.01.01.20)

SECTION 1: EMPLOYEE ONLY:

Complete all entries in this section. Read instructions & HIPAA notice and Fax to: (806) 573-5188 or email to: nurse_case_management@pxy12.doe.gov.

I authorize release of all medical information about this health event to the Pantex Occupational Health Services Team to determine my fitness for duty related to my current position and for epidemiological tracking.

Form with fields: Print Name, Signature, Badge #, Dept. #, Job Title, Supervisor's Name, Supervisor's Phone Number, and a table for dates and hours missed.

Are you in the HRP? Yes No Is this FMLA? Yes No

Reason for Report (Examples: off-site physical, dental work, cold, fever, other illness or injury, new medicine, etc.):

List any NEW or CHANGED medication taken as a result of this absence or write "NONE."

Did you go to a doctor, dentist, or other healthcare provider? No Yes: If YES, PROVIDER fills out bottom part.

SECTION 2: HEALTHCARE PROVIDER ONLY:

Employees CAN NOT fill in this section. Employees who write in this section may be subject to discipline up to termination for falsification of records. HEALTHCARE PROVIDER MUST COMPLETE ALL ENTRIES IN THIS SECTION.

Form with fields: Diagnosis, Date/Time of Treatment, Diagnosis Codes, Follow-up Appt Date, Operative/Dental Procedure, Was employee hospitalized?, Medications/Dosage, DATE individual may return to work, Restrictions, Provider's Printed Name/Title, Provider's Signature/Title, Telephone #.

OFFICIAL USE ONLY
May be exempt from public release under the Freedom of Information Act (5 U.S.C. 552).
Department of Energy review required before public release.
Exemption 6 - Personal Privacy
Name: Corey Waide
Org: CNS S&SES
Date: 03/03/2023
Guidance: N/A
CNS eDC/RO ID: 569127



Health Event Report

(Reference WI 02.01.01.01.03 and WI 02.01.01.01.20)

Occupational Health Services (OHS) Pantex Plant
P.O. Box 30020, JCDC-N1
Amarillo, TX 79120-0020
806-573-3297 Case Management
806-573-5188 – Case Management FAX
nurse_case_management@pxy12.doe.gov

Instructions to Employee:

Report off-site illness/injury, according to WI 02.01.01.01.20, *Reporting and Processing Off-the-Job Injury or Illness*, **whether or not you take sick time for it.**

This report meets the requirements of “fitness for duty” and Human Reliability Program (HRP).

NOTE

Failure to comply with HRP requirements risks your HRP status, if applicable. Loss of HRP status may affect your ability to perform assigned job duties.

Use this form **EVERY TIME** a health event happens as listed in WI 02.01.01.01.03, *Reporting and Processing On-the-Job Injury or Illness*, and/or WI 02.01.01.01.20. Bargaining personnel are also governed by their respective union contracts.

Complete all entries in Section 1.

When you see a Healthcare Provider (doctor, therapist, clinician, dentist, etc.), make sure that they complete all entries in the section labeled “**Healthcare Provider Section.**” **You cannot put information in this section because you are not the healthcare provider. Doing so may result in discipline for falsification of records, up to and including termination.**

Go to the external website, [https://pantex.energy.gov\(on the main page\)](https://pantex.energy.gov(on_the_main_page)), if you or your healthcare provider need the form and do not have one at the time of your visit.

Privacy/HIPAA Information

By signing this form, the listed person authorizes his/her health care provider to disclose health information, as stated on the front of this form, to the Pantex Occupational Health Services. Applicable Federal law, State laws, and DOE Orders limit and protect disclosure of this information. This information is gathered for the purposes of determining the individual’s fitness for duty in terms of his/her current position, for epidemiological tracking, and for benefits determination. Treatment and payment of health care services are not affected by not signing this form.

Any other use of this information without the written consent of the affected individual is prohibited. This consent may be revoked (in writing) at any time except to the extent that action has been taken in reliance on it. This consent expires 180 days after the latest date listed on the front of this form, unless otherwise specified in writing.