



Instructions for the Injured Worker

IF YOU ARE INJURED AT WORK:

Report your injury to your supervisor immediately and complete the Employee's Statement of Occupational Illness/Injury form attached below. Your supervisor will direct you to the designated Occupational Clinic for immediate care.

IF YOU NEED TO SEE A DOCTOR:

Your supervisor will direct you to the authorized medical provider and will notify the Workers' Compensation (WC) Analyst. If your injury does not qualify as "First Aid" (to be determined by a medical facility physician), and you sought medical treatment, you will need to complete a Workers' Compensation Claim Form DWC1.

KEEP ALL SCHEDULED APPOINTMENTS:

You must report to the doctor for all follow-up appointments and/or physical therapy. If you cannot keep an appointment, please re-schedule. Notify the WC Analyst at (619) 216-6630.

IF YOU WISH TO CHANGE PHYSICIANS:

You may change physicians once you have received your initial medical attention as long as the doctor you choose is within your Medical Provider Network (MPN). Information regarding the MPN will be given to you at the time of your injury. If you have questions, please contact the WC Analyst at (619) 216-6630.

KEEP WC ANALYST AND YOUR SITE INFORMED:

It is your responsibility to inform the WC Analyst and your supervisor immediately following every doctor visit of your status and provide the medical Work Status report. If you are given work restrictions by your physician, they should clearly state what your limitations are, including any recommended change in your normal work schedule. Be certain you understand these limitations and that they are clearly written on your status report.

Modified Duties and/or changes in your work schedules require approval. Please use the procedure as noted below:

- Your treating physician specifies your limitations.
- Review them with the WC Analyst and your Supervisor.
- The WC Analyst, in conjunction with your Supervisor, will coordinate accommodations.
- You will be notified of the date you may return to work with the modified duties.

NOTE:

Any employee who is off work due to a personal medical or workers' compensation illness/injury is not allowed to be on work premises.

Employee's Statement of Occupational Illness/Injury

Employee Name: _____ Date of Report: _____

Job Title: _____ Date of Birth: _____

Date of Injury: _____ Time of Injury: _____

Time Employee Began Work: _____ Employee Contact #: _____

Employee work schedule: _____

Exact Location of Incident :

Witness(es): _____

Specific Injury/Illness and Part of Body Affected (i.e. twisted ankle on right foot, second degree burns on left arm, etc.):

Describe How the Incident Occurred, State Facts, Contributing Factors, Cite Witnesses and Supporting Evidence:

Did Employee Seek Medical Attention at Time of Injury? ☐ Yes ☐ No

If "No", Explain: _____

The above statement, under Penalty of Perjury, is a true account of my On the Job Injury and I understand that making a false Workers' Compensation claim is punishable under State Law subject to punishment of up to five (5) years in prison or a \$150,000 fine (Insurance Code 1871.4).

Signature: _____ Date: _____