

EASY STEPS TO REPORTING INJURED EMPLOYEES

- CALL COMPANY NURSE (877) 518-6702 TRIAGE EMPLOYEE
- IF TREATMENT IS REQUIRED -EMPLOYEE WILL GO TO: HERITAGE MEDICAL GROUP
12408 HESPERIA ROAD STE. 23 VICTORVILLE DR. MOUSHABEK
- EMPLOYEE COMPLETES-EMPLOYEE STATEMENT OF OCCUPATIONAL INJURY OR ILLNESS
- EMPLOYEE SIGNS-INSTRUCTIONS FOR INJURED EMPLOYEE
- EMPLOYEE COMPLETES EMPLOYEE INJURY DRAWING
- CLASSIFIED EMPLOYEE COMPLETES 1/3 SICK/VACATION USE REQUEST
- EMPLOYEE COMPLETES FAMILY CARE LEAVE REQUEST (FMLA) 12 WEEKS JOB PROTECTION
- SUPERVISOR COMPLETE STATEMENT OF OCCUPATIONAL INJURY/ILLNESS- MUST ANSWER NUMBERS 10 AND 11 AND PRINCIPAL OR DIRECTOR MUST SIGN FORM
- EMPLOYEE AND ADMINISTRATIVE ASSISTANT COMPLETE DWC-1
- IF NO MEDICAL TREATMENT-EMPLOYEE FILLS OUT AND SIGNS DECLINATION OF MEDICAL TREATMENT AND DWC-1
- IF WITNESS-A STATEMENT OF EMPLOYEE INJURY-FILLED OUT BY WITNESS A.S.A.P.
- COVERSHEET CHECKLIST AND ALL COMPLETED DOCUMENTS ARE SENT TO: RISK MANAGEMENT, WITHIN 24 HOURS OF INCIDENT.
- COPY ENTIRE PACKAGE FOR EMPLOYEE-IF THEY NEED TO SEEK TREATMENT AFTER HOURS THEY WILL HAVE W/C BILLING INFORMATION ETC.