SANTA PAULA UNIFIED SCHOOL DISTRICT
CERTIFICATION OF RECEIPT OF WORKERS COMPENSATION INFORMATION

In the event of an on the job injury employers are obligated by law to provide the Employee's for Workers Compensation Claim Form (DWC 1) and the VCSSFA-Athens Medical Provider Network Brochure.

I received the following documents/forms from my supervisor/employer:

1. DWC 1 Workers Compensation Claim Form-I understand I am to return the DWC 1 Workers Compensation Claim form **with the employee portion completed** to the Human Resources Office.

2. Facts About Workers Compensation-Information regarding Workers Compensation benefits.

3. VCSSFA-Athens Medical Provider Network Brochure-this contains important information on accessing the VCSSFA-Athens Medical Provider Network.

4. MyMatrixx Workers Compensation Prescription Information-to be used at the pharmacy if my medical provider prescribes medication.

5. Refusal of Medical Examination and/or Treatment Form (only if needed)-I understand that if I consider my injury to be superficial and without need of a physician's treatment that in addition to the DWC 1, I am to complete and return the Refusal of Medical Examination and/or Treatment form, to the Human Resources Office.

Name of Employee (please print): _____

Signature of Employee: _____ Date Received: _____

Signature of Person Providing Forms to Employee: _____