.

WORKERS' COMPENSATION

MEDICAL SERVICES

AND

INFORMATION PACKET

Revised: August 2024

***IMPORTANT NOTE*: Report of Injury**, **Accumulated Paid Leave Election Form** and the **Employee Acknowledgement of the Alliance Form** MUST BE SUBMITTED to the Risk Management Department within 24 hours of the incident.

Cypress-Fairbanks I.S.D.
Workers' Compensation

11440 Matzke Rd.
Cypress, TX 77429

Tel:(281)897-4135
Fax:(281) 807-8652

Cypress-Fairbanks Independent School District

Insurance Department/Office of Risk Management — Workers' Compensation (281) 897-4135

MEDICAL SERVICES FORM

District Employee: ________________________________ **Employee Number:** ________________

School or Department: ______________________________ **Date of Injury:** ____________________

Supervisor/Principal ________________________________ **Today's Date:** _____________________

If initial medical treatment is being sought more than 30 days after the date of injury, please call the district's Insurance Department Workers' Compensation Specialist for special instructions at (281) 897- 4135, during regular business hours Monday - Friday, 7:30 am - 4:30pm.

The district's Workers' Compensation Administrator is:

TASB
Attn: Workers' Compensation Claims Division
P.O. Box 2010
Austin, TX 78768-2010
Phone: (800) 482-7276 Fax: 1-800-580-6720

INJURED EMPLOYEE*:* **<u>You must choose a treating doctor from The Alliance list of doctors</u> designated as primary care physicians for all non-urgent medical services for work related injuries.**

The Alliance Provider Directory is available at: www.pswca.org

For your convenience we've listed a few of the local ALLIANCE primary care providers below. Many others are available on the Political Subdivision Workers' Compensation Alliance provider network.

Provider	Contact	Hours
RediMD Telehealth option Available for most injuries	1-888-REDIMD5 or 1-888-733-4635	Available 24/7
Excel Immediate Medical Care NO APPOINTMENT NECESSARY On-site X-ray and Lab	25402 NW Frwy, Suite 101, Cypress, 281-304-1100 & 19450 Katy Fwy, Houston 281-829-9900	Monday-Saturday: 9 a.m. - 9 p.m.
Apex Urgent Care NO APPOINTMENT NECESSARY On-site X-ray and Lab	6111 N. Fry Rd, Katy 832-427-6015 & 12120 Jones Rd., Houston 832-756-2125	Monday-Friday: 9 a.m. - 9 p.m. Sat. & Sun.: 9 a.m. - 6 p.m.
Well Now On-site x-ray	17376 NW Fwy, Houston (Behind Los Cucos) 832-919-8484	Monday-Friday: 8 a.m.-7 p.m.
AFC America Family Care On-site x-ray	9740 Barker Cypress Rd #108, Cypress 281-944-8013 Additional locations available	7 days per week: 8 a.m.-8 p.m.
Next Level Urgent Care No appointment necessary (may check-in online) Onsite x-ray and lab	Copperfield 281-783-8162 Additional locations in Champions, Cypress	Hours vary by location

Cypress-Fairbanks Independent School District

Insurance Department/Office of Risk Management

Workers' Compensation
(281) 897-4135

WORKERS' COMPENSATION
ACCUMULATED PAID LEAVE ELECTION FORM

TO AUTHORIZE THE USE OF AVAILABLE PAID TIME FOR A WORK-RELATED INJURY ABSENCE

DATE:______________________ **RETURN TO: Your Campus Secretary or Department Payroll Clerk**

USE OF PAID LEAVE

If eligible, workers' compensation insurance will begin paying a percentage (not more than 70%; to a current maximum of $1,173.81) of the employee's current wages on the eighth calendar day of a work-related disability if an extended absence is required. An employee will receive workers' compensation wage benefits only, which may not equal his or her pre-injury or illness wage; unless the injured/ill employee elects to receive his/her accumulated paid leave instead.

Employee Name: ____ **Employee Number:** ___________________

Department/Campus:____ **Date of Injury:** _______________________

Position: ____

I have approximately__________**accumulated paid leave days currently available.**

First Day of Absence for this job-related injury: ________________________

Employee Choice:

If I am absent from duty because of a job-related illness or injury, I understand that I am not eligible for workers' compensation weekly income benefits until my absence exceeds seven calendar days. I choose the following option:

- ❑ **I CHOOSE TO USE MY AVAILABLE PAID LEAVE DAYS** for all my absences resulting from this injury/illness. An employee choosing to use paid leave will not receive workers' compensation weekly income benefits until all paid leave is exhausted or to the extent that paid leave does not equal the pre-injury or illness wage.

- ❑ **I CHOOSE NOT TO USE ANY OF MY AVAILABLE PAID LEAVE**. I understand that I will not receive any regular salary payments from Cypress-Fairbanks ISD while receiving workers' compensation weekly income benefits for this injury/illness. No available paid leave will be deducted from my leave balance. I understand that I will be responsible for the payment of my employee benefits under the FMLA or COBRA leave policies if I elect to have them continue during my absence. I further understand that Workers' Compensation wage compensation is not reported to the Teachers Retirement System of Texas (TRS) as income. As such, this decision could have an impact on my future TRS benefits.

____ ______________________________
Employee Signature Date

Complete and fax to the Insurance Department at (281) 807-8652

This section for Insurance & Payroll Use Only

INSURANCE DEPARTMENT: Date sent to Human Resources Dept.:___________________________By:________________

No. of Total Contract Days:______________ Contract start date:______________to Contract end date:_______________

Pay Rate:____________Hourly/Daily (circle one) Hours per day: ____________

Please return this form to the Insurance Department within 2 days of receipt.

HR DEPT: No. of Accumulated Paid Leave days:___________________

Last day of Accumulated Paid Leave: ____________________

Date returned to Insurance Dept.: _________________________ By:____

Employee Acknowledgement
of the ALLIANCE Direct Contracting Program
for medical providers for the
CFISD Workers' Compensation Program

I have received information below that tells me how to get health care under my employer's workers' compensation coverage. If I am hurt on the job on or after February 1, 2009, and live in a service area described in the information, I understand that:

1. I MUST choose a treating doctor from the **Alliance** list of doctors designated as treating doctors.
2. I MUST go to my treating doctor for all health care for my injury. If I need a specialist, my treating doctor will refer me. If I need emergency care, I may go to any licensed medical professional within the United States.
3. Even though my treating doctor should refer me to a specialist of providers contracted with the **Alliance,** I understand that I **NEED TO VERIFY** that the referral doctor is a member of the **Alliance** provider panel.
4. The Texas Association of School Boards (TASB) Risk Management Fund will pay the treating doctor and other **Alliance** providers for all health care related to my compensable injury.
5. I understand that my medical and/or income benefits may be disputed if I receive health care from a provider other than an **Alliance** provider without prior approval from the Fund.
6. Making a false or fraudulent workers' compensation claim is a crime that may result in fines and or imprisonment.
7. If I want to change doctors after my first choice, I can only choose from the **Alliance** list of providers. A third choice requires approval from my adjuster.

____
Print Name

____ ____________________
Signature Date

All Cypress-Fairbanks ISD employees
are subject to the Alliance contract requirements.

Employee Number:_______________

Name of Employer: Cypress-Fairbanks Independent School District

Name of Direct Contracting Program: Political Subdivision Workers' Compensation Alliance (The Alliance)

Direct contracting service areas are subject to change. To locate a treating doctor within your area, visit the PSWCA web site at www.pswca.org or call your adjuster at 800-482-7276.

Please indicate whether this is:

_____ Initial Employee Notification

_____ Injury Notification (Date of Injury):____________________

EMPLOYEE NOTICE OF ALLIANCE REQUIREMENTS

Important Contact Information
To locate a provider, go to www.pswca.org.
To contact your adjuster at the TASB Risk Management Fund, visit www.tasbrmf.org or call (800) 482-7276.

Information, Instructions, Rights, and Obligations

If you are injured at work, tell your supervisor or employer immediately. The information in this notice will help you to seek medical treatment for your injury. Your employer will also help with any questions about how to get treatment. You may also contact your adjuster at the TASB Risk Management Fund (the Fund) for any questions about treatment for a work-related injury. The Fund is your employer's workers' compensation coverage provider and they are working with your employer to ensure you receive timely and appropriate health care. The goal is to return you to work as soon as it is safe to do so.

- **How do I choose a treating doctor?**
  If you are hurt at work **and** you live in the Alliance service area, you are required to choose a treating doctor from the provider list. This is required for you to receive coverage of healthcare costs for your work-related injury. A provider listing is available through the Alliance website at www.pswca.org and a link to that site is also contained on the Fund's website at www.tasbrmf.org. It identifies providers who are taking new patients.

  If your treating doctor leaves the Alliance, we will tell you in writing. You will have the right to choose another treating doctor from the list of Alliance doctors. If your doctor leaves the Alliance and you have a life threatening or acute condition for which a disruption of care would be harmful to you, your doctor may request that you treat with him or her for an extra **90 days.**

- **What if I live outside the service area?**
  If you believe you live outside of the service area, you may request a service area review by calling your adjuster.

- **How do I change treating doctors?**
  Within the first 60 days of beginning treatment, if you become dissatisfied with your first choice of a treating doctor, you can select an alternate treating doctor from the list of Alliance treating doctors in your service area. The Fund will not deny a choice of an alternate treating doctor. **However, before you can change treating doctors a second time, you must obtain permission from your adjuster.**

- **How are treating doctor referrals handled?**
  Referrals for health care services that you or your doctor request will be made available on a timely basis as required by your medical condition. Referrals will be made **no later than 21 days** after the request. Your doctor should refer you to another Alliance provider unless it becomes medically necessary to make a referral outside of the Alliance. You do not have to get a referral if you are in need of emergency care.

- **Who pays for the healthcare?**
  Alliance providers have agreed to seek payment from the Fund for your health care. They should not request payment from you. If you obtain health care from a doctor who is not in the Alliance without prior approval from your adjuster, you may have to pay for the cost of that care and your income benefits may be disputed. You may treat with medical providers that are **not contracted** with the Alliance only if one of the following situations occurs:

  - Emergencies: You should go to the nearest hospital or emergency care facility.
  - You do not live within an Alliance service area.
  - Your treating doctor refers you to a provider or facility outside of the Alliance. This referral must be approved by your adjuster.

EMPLOYEE NOTICE OF ALLIANCE REQUIREMENTS - PAGE 2

How to File a Complaint

You have the right to file a complaint with the Alliance . You may do this if you are dissatisfied with any aspect of direct contract program operations. This includes a complaint about the program and/or your Alliance doctor. It may also be a general complaint about the Alliance. A complainant can notify the Alliance Grievance Coordinator of a complaint by phone , from the Alliance website www pswca.org or in writing via mail or fax. Complaints should be forwarded to:

PSWCA (The Alliance)
Attention: Grievance Coordinator
P.O. Box 763
Austin, TX 78767-0763
866-997-7922

A complaint must be filed with the program grievance coordinator **no later than 90 days from the date the issue occurred.** Texas law does not permit the Alliance to retaliate against you if you file a complaint against the program. Nor can the Alliance retaliate if you appeal the decision of the program. The law does not permit the Alliance to retaliate against your treating doctor if he or she files a complaint against the program or appeals the decision of the program on your behalf.

What to do when you are injured on the job
If you are injured while on the job, tell your employer as soon as possible. A list of Alliance treating doctors in your service area may be available from your employer. A complete list of Alliance treating doctors is also available online at www.pswca .org. Or, you may contact us directly at the following address and/or toll-free telephone number:

TASB Risk Management Fund
P.O. Box 2010
Austin, TX 78768
(800) 482-7276

In case of an emergency ...
If you are hurt at work and it is a life-threatening emergency, you should go to the nearest emergency room. If you are injured at work after normal business hours or while working outside your service area, you should go to the nearest care facility. After you receive emergency care, you may need ongoing care. You will need to select a treating doctor from the Alliance provider list. This list is available online at www.pswca org If you do not have internet access call (800) 482-7276 or contact your employer for a list. The doctor you choose will oversee the care you receive for your work-related injury. Except for emergency care you must obtain all health care and specialist referrals through your treating doctor.

Emergency care does not need to be approved in advance. "Medical emergency" is defined in Texas laws. It is a medical condition that comes up suddenly with acute symptoms that are severe enough that a reasonable person would believe that you need immediate care or you would be harmed. That harm would include your health or bodily functions being in danger or a loss of function of any body organ or part.

EMPLOYEE NOTICE OF ALLIANCE REQUIREMENTS - PAGE 3

Non-emergency care...
Report your injury to your employer as soon as you can. Select a treating doctor from the Alliance provider list. This list is available online at www.pswca .org. If you do not have internet access, call 800- 482-7276 or contact your employer for a list.

Treatments Requiring Advance Approval

Certain treatments or services prescribed by your doctor need to be approved in advance. Your doctor is required to request approval from the TASB Risk Management Fund before the specific treatment or service is provided. For example, you may need to stay more days in the hospital than what was first approved. If so, the added treatment must be approved in advance.

The following non-emergency healthcare treatment requests must be approved in advance:

- Inpatient hospital admissions
- Outpatient Surgical or ambulatory surgical services
- Spinal Surgery
- All non-exempted work hardening
- All non-exempted work conditioning
- Physical or occupational therapy except for the first twelve (12) visits if those visits were done within the first 6 months immediately following date of injury or date of surgery
- Any investigational or experimental service
- Psychological testing exceeding 3 hours with no more than four tests , such as MMPI2, BDI, BAI, P-3
- Repeat psychological testing
- Psychotherapy and cognitive/behavioral therapy greater than 6 visits, repeat psychological interviews and biofeedback
- Repeat diagnostic studies greater than $350
- All durable medical equipment (DME) in excess of $500
- Chronic pain management and interdisciplinary pain rehabilitation
- Drugs not included in the TOI Division of Workers' Compensation Formulary
- All narcotic medications dispensed greater than 60 days
- Any treatment or service that exceeds the Official Disability Guidelines

The number your doctor must call to request one of these treatments is 800-482-7276, ext. 6654. If a treatment or service request is denied, we will tell you in writing. This written notice will have information about your right to request a reconsideration or appeal of the denied treatment. It will also tell you about your right to request review by an Independent Review Organization through the Texas Department of Insurance.

Optum
PO Box 152539
Tampa, FL 33684-2539

MAKING IT EASY...

TO GET WORKERS' COMPENSATION PRESCRIPTIONS FILLED.

Optum has been chosen to manage your workers' compensation pharmacy benefits for TASB Risk Management Fund. Below is your First Fill card that will allow you to receive your injury-related prescriptions at your local pharmacy. Please fill out the card based on the instructions below.

Injured Employee:

If you need a prescription filled for a work-related injury or illness, go to an Optum Tmesys® network pharmacy. Give this temporary card to the pharmacist. The pharmacist will fill your prescription at low or no cost to you.

If your workers' compensation claim is accepted, you will receive a more permanent pharmacy card in the mail. Please use that card for other work-related injury or illness prescriptions.

Most pharmacies, including Walgreens, our preferred provider, and all major chains, are included in the network. To find a network pharmacy call 1-866-599-5426 or visit tmesys.com.

Questions? Need Help?

1-866-599-5426

OPTUM® | TASB RISK MANAGEMENT FUND

WORKERS' COMPENSATION PRESCRIPTION DRUG PROGRAM

TASB Risk Management Fund	Cypress-Fairbanks ISD
CARRIER/TPA	EMPLOYER
TASB Risk Management Fund	~~Cypress-Fairbanks ISD~~
INJURED WORKER NAME	
Please provide directly to Pharmacist	
SOCIAL SECURITY NUMBER	DATE OF INJURY (YYMMDD)

Notice to Cardholder: Present this card to the pharmacy to receive medication for your work-related injury. To locate a pharmacy: tmesys.com.

Attention Pharmacists: Enter RxBIN, RxPCN and GROUP. Member ID # format is the date of injury and SSN combined as follows: YYMMDD123456789.

Tmesys is the designated PBM for this patient. This card is not valid for compound medications.

Tmesys Pharmacy Help Desk
1-800-964-2531

	NDC		Envoy
RxBIN	004261	or	002538
RxPCN	CAL	or	Envoy Acct. #
GROUP	______		

T154

NOTE: *This First Fill card is only valid for your workers' compensation injury or illness.*

Employer:

Immediately upon receiving notice of injury, fill in the information above and give this form to the employee.

OFFICE OF INJURED EMPLOYEE COUNSEL

NORMAN DARWIN, PUBLIC COUNSEL

Notice of Injured Employee Rights and Responsibilities in the Texas Workers' Compensation System

As an injured employee in Texas, you have the right to free assistance from the Office of Injured Employee Counsel (OIEC). This assistance is offered at local offices across the State. These local offices also provide other workers' compensation system services from the Texas Department of Insurance (TDI). TDI is the State agency that administers and regulates the workers' compensation system through the Division of Workers' Compensation (DWC).

Many services provided by OIEC and DWC can be completed over the telephone. You can contact OIEC by calling the toll-free telephone number 1-866-EZE-OIEC (1-866-393-6432). Additional information, including office locations, is available on the Internet at: www.oiec.texas.gov. You can contact DWC by calling the toll-free telephone number 1-800-252-7031. Information about DWC is available on the Internet at: www.tdi.texas.gov.

Your Rights in the Texas Workers' Compensation System:

1. You have the right to hire an attorney to help you with your workers' compensation claim.
For assistance locating an attorney, contact the State Bar of Texas' lawyer referral service at 1-877-983-9227 or http://www.texasbar.com/. Attorney referral information can also be found on OIEC's website at www.oiec.texas.gov.

2. You have the right to receive assistance from OIEC if you do not have an attorney.
OIEC Customer Service Representatives and Ombudsmen are available to answer your questions and provide assistance with your workers' compensation claim by calling OIEC or visiting an OIEC office. **You must sign a written authorization before an OIEC employee can access information on your claim.** Call or visit an OIEC office to fill out the written authorization. Customer Service Representatives and Ombudsmen are trained in the field of workers' compensation and can help you with scheduling a dispute resolution proceeding about your workers' compensation claim. An Ombudsman can also assist you at a benefit review conference (BRC), contested case hearing (CCH), and an appeal. However, Ombudsmen cannot make decisions for you or give legal advice.

3. You may have the right to receive medical and income benefits regardless of who was at fault for your injury, with certain exceptions. Your beneficiaries may be entitled to death and burial benefits.
Information about the exceptions can be found at www.tdi.texas.gov or by visiting with OIEC staff.

4. You may have the right to receive medical care to treat your workplace injury or illness for as long as it is medically necessary and related to the workplace injury.
You may have the right to reimbursement of your incurred expenses after traveling to attend a medical appointment or required medical examination if the trip meets qualifying conditions.

5. You may have the right to receive income benefits for your work-related injury.
There are several types of income benefits and eligibility requirements. Information on the types of income benefits that may be available and the eligibility requirements can be found at www.tdi.texas.gov or by visiting with OIEC staff.

6. You may have the right to dispute resolution regarding income and medical benefits.
You may request Medical Dispute Resolution if you disagree with the insurance carrier regarding medical benefits. You may request Indemnity (Income) Dispute Resolution if you disagree with the insurance carrier regarding income benefits. The law provides that your dispute proceedings will be held within 75 miles from your residence.

7. You have the right to choose a treating doctor.
If you are in a Workers' Compensation Health Care Network (network), you must choose your doctor from the network's treating doctor list. You may change your treating doctor once without network approval. If you are not in a network, you may initially choose any doctor who is willing to treat your workers' compensation injury; however, changing your treating doctor must be pre-approved by the DWC if you are not in a network. If you are employed by a political subdivision (e.g. city, county, school district,) you must follow its rules for choosing a treating doctor. It is important to follow all the rules in the workers' compensation system. **If you do not follow these rules, you may be held responsible for payment of medical bills.** OIEC staff can help you to understand these rules.

8. You have the right for your workers' compensation claim information to be kept confidential.
In most cases, the contents of your claim file cannot be obtained by others. Some parties have a right to know what is in your claim file, such as your employer or your employer's insurance carrier. Also, an employer that is considering hiring you may get limited information about your claim from DWC.

Your Responsibilities in the Texas Workers' Compensation System

1. You have the responsibility to tell your employer if you have been injured at work while performing the duties of your job. You must tell your employer within 30 days of the date you were injured or first knew your injury or illness might be work-related.

2. You have the responsibility to know if you are in a Workers' Compensation Health Care Network (network).
If you do not know whether you are in a network, ask the employer you worked for at the time of your injury. If you are in a network, you have the responsibility to follow the network rules. If there is something you do not understand, ask your employer or call OIEC. If you would like to file a complaint about a network, call TDI's Customer Help Line at 1-800-252-3439 or file a complaint online at http://www.tdi.texas.gov/consumer/complfrm.html#wc.

3. If you worked for a political subdivision (e.g., city, county, school district) at the time of your injury, you have the responsibility to find out how to receive medical treatment.
Your employer should be able to provide you with the information you will need in order to determine which health care providers can treat you for your workplace injury.

4. You have the responsibility to tell your doctor how you were injured and whether the injury is work-related.

5. You have the responsibility to send a completed Employee's Claim for Compensation for a Work-Related Injury or Occupational Claim Form (DWC041) to DWC.
You have one year to send the form after you were injured or first knew that your illness might be work-related. Send the completed DWC041 form even if you already are receiving benefits. You may lose your right to benefits if you do not timely send the completed claim form to DWC. For a copy of the DWC041 form you may contact DWC or OIEC.

6. You have the responsibility to provide your current address, telephone number, and employer information to DWC and the insurance carrier. DWC can be contacted at 1-800-252-7031.

7. You have the responsibility to tell DWC and the insurance carrier anytime there is a change in your employment status or wages. (Examples of changes include: you stop working because of your injury; you start working; or you are offered a job).

8. Eligible beneficiaries or persons seeking death and burial benefits have the responsibility to send a completed Beneficiary Claim for Death Benefits (DWC-042) to DWC within one year following the employee's date of death.

9. You are prohibited from making frivolous or fraudulent claims or demands.

Employee - You are required to report your injury to your employer within 30 days if your employer has workers' compensation insurance. You have the right to free assistance from the Texas Department of Insurance, Division of Workers' Compensation and may be entitled to certain medical and income benefits. For further information call your local Division field office or 1(800)-252-7031.

Empleado - Es necesario que reporte su lesión a su empleador dentro de 30 días a partir de la fecha en que se lesionó si es que su empleador cuenta con un seguro de compensación para trabajadores. Usted tiene derecho a recibir asistencia gratuita por parte de la División de Compensación para Trabajadores, y también puede tener derecho a ciertos beneficios médicos y monetarios. Para mayor información comuníquese con la oficina local de la División al teléfono 1-800-252-7031.

TEXAS WORKERS' COMPENSATION WORK STATUS REPORT

PART I: GENERAL INFORMATION

5. Doctor's Name and Degree | (for transmission purposes only) | Date Being Sent

1. Injured Employee's Name
6. Clinic/Facility Name
9. Employer's Name
2. Date of Injury
3. Social Security Number (last 4) XXX-XX-
7. Clinic/Facility/Doctor Phone & Fax
10. Employer's Fax # or Em[...]ress (if known)
4. Employee's Description of Injury/Accident
8. Clinic/Facility/Doctor Address (street address)
City State Zip
11. Insurance Carri[...]
12. Carrier's F[...] Email Addres[...]own)

PART II: WORK STATUS INFORMATION (FULLY COMPLETE ONE INCLUDING ESTIMATED DATES AND DESCRIPTIO[...]c) AS APPLICAB[...]

13. The injured employee's medical condition resulting from the workers' compensation injury:

☐ (a) will allow the employee **to return to work** as of ______________ (date) **without restrictions**

☐ (b) will allow the employee **to return to work** as of ______________ (date) **with the restrictions** [...]**ified in PART III**, which are exp[...] to last through ______________ (date).

☐ (c) has prevented and still prevents the employee **from returning to work** as of ______ [...]e) and is [...]d to continue throu[...] ______________ (date).

The following describes how this injury **prevents the employee from returning to w**[...]

PART III: ACTIVITY RESTRICTIONS* (ONLY COMPLETE IF B[...](b) IS CHECKE[...]

14. POSTURE RESTRICTIONS (if any):

Max Hours per day: 0 2 4 6 8	Other
Standing ☐☐☐☐☐	
Sitting ☐☐☐☐☐	
Kneeling/Squatting ☐☐☐☐☐	
Bending/Stooping ☐☐☐☐☐	
Pushing/Pulling ☐☐☐☐☐	
Twisting ☐☐☐☐☐	
Other: ☐☐☐☐☐	

17. MOTION RESTRI[...]S (if any):

Max Hours [...]day: 0 2 [...] 8	[...]ther
Walking ☐☐☐☐	
Climbing sta[...]dd[...] ☐☐☐☐	
Grasping/Sque[...]ng ☐☐☐☐	
Wrist flexion/exten[...] ☐☐☐	
[...]hing ☐☐☐☐	
Ove[...]aching ☐☐☐☐	
Ke[...]ing ☐☐☐☐	
Other:	

19. MISC. RESTRICTIONS (if any):

- ☐ Max hours per day of work: _____
- ☐ Sit/Stretch breaks of _____ per _____
- ☐ Must wear splint/cast at work
- ☐ Must use crutches at all times
- ☐ No driving/operating heavy equipment
- ☐ Can only drive automatic transmission
- ☐ No work / _____ hours/day work:
  - ☐ in extreme hot/cold environments
  - ☐ at heights or on scaffolding
- ☐ Must keep ________ ☐ elevated ☐ clean & dry
- ☐ No skin contact with: ______________
- ☐ Dressing changes necessary at work
- ☐ No running

15. RESTRICTIONS SPECIFI[...]licable):

- ☐ Left Hand/Wrist
- ☐ Right Hand/Wrist
- ☐ Left Arm
- ☐ Right Arm
- ☐ Neck
- ☐ [...] Leg
- ☐ R[...] Leg
- ☐ Ba[...]
- ☐ Left [...]/Ankl[...]
- ☐ Right [...]t/[...]

Other:

18. LIFT/C[...]Y RESTRICTIONS (if any):

[...] not lift/carry objects more than _____ lbs. fo[...]n _____ hours per day

☐ May not perform any lifting/carrying

Other:

20. MEDICATION RESTRICTIONS (if any):

- ☐ Must take prescription medication(s)
- ☐ Advised to take over-the-counter meds
- ☐ Medication may make drowsy (possible safety/driving issues)

16. O[...] RESTRICTIONS (if any):

* The[...]strictions are[...] the do[...]est un[...]anding of the employee's essential job functions. If a particular restriction does not apply, it should be disregarded. If modified duty that meets[...]t available, th[...]ent should be considered to be off work. Note - these restrictions should be followed outside of work as well as at work.

PART I[...]EATMENT/FO[...]W-UP APPOINTMENT INFORMATION

21. Work Injury Diagnosis Information:

[...]2. Expected Follow-up Services Include:

- ☐ Evaluation by the treating doctor on ____________________ (date) at _____ : _____ am/pm
- ☐ Referral to/Consult with ____________________ on ________________ (date) at _____ : _____ am/pm
- ☐ Physical medicine _____ X per week for _____ weeks starting on ______________ (date) at _____ : _____ am/pm
- ☐ Special studies (list): ______________________________ on ______________ (date) at _____ : _____ am/pm
- ☐ None. This is the last scheduled visit for this problem. At this time, no further medical care is anticipated.

Date / Time of Visit	EMPLOYEE'S SIGNATURE	DOCTOR'S SIGNATURE	Visit Type: ☐ Initial ☐ Follow-up	Role of Doctor: ☐ Designated doctor ☐ Treating doctor ☐ Referral doctor ☐ Consulting doctor	☐ Carrier-selected RME ☐ DWC-selected RME ☐ Other doctor
Discharge Time