

EMPLOYEE'S FIRST REPORT OF INJURY

Pinnacol Assurance - District Workers' Compensation Carrier

Telephone #: 1-800-873-7242 e-mail: www.pinnacol.com

Thompson School District Workers' Compensation Claims Are Subject to
C.R.S. § 8-42-124 and to Board Policy GBGD

Injured Worker Information

Name:		Employee ID #:	
Address:		Phone #:	
Date of Birth:	Marital Status:	Occupation:	
Start time: ☐ am ☐ pm	End time: ☐ am ☐ pm	Days worked per week:	Hours worked per week:

Accident / Injury Information

Date of injury:	Time of injury: ☐ am ☐ pm
Name of Employer Representative Notified:	Date Employer Notified:
Accident occurred on employer's premises: ☐ Yes ☐ No	
Address of Occurrence: (Name of School or Building + Address if not on district property):	

How did injury occur? Describe in **detail** how you were injured. **Describe cause of accident:**

Specific activity the employee was engaged in (e.g. moving equipment, demonstrating lesson/task, etc.)

Cause of Injury (check all that apply): ☐ Slip/Trip/Fall ☐ Aggressive Behavior ☐ Strain ☐ Struck/Caught ☐ Other(burns/cuts)

List All Body Parts Injured: (**specify left or right or upper, middle or lower if applicable e.g. lower left arm**)

What equipment was being used at time of injury if applicable?

Witness:	Phone #:	Witness:	Phone #:
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Medical Provider Information (Where were you treated?) **Please check one of the boxes below**

☐ No Medical Treatment ☐ Other (First Aid) ☐ 911 called

☐ **Banner Occupational Health** 1703 E. 18th Street, Suite 4 Loveland, CO 80538 Phone: 970.820.4580 *****

☐ **Banner Occupational Health** 3617 S. College Ave Suite C. Ft. Collins, CO 80525 Phone: 970.821.3500

☐ **Concentra** 620 S Lemay Ave, Fort Collins, CO 80524 Phone: 970.221.5811 * *****

☐ **MBI** 1608 Topaz Drive Loveland, CO 80537 Phone: 970.593.0125 * ** ***

☐ **MBI** 1600 Specht Pt. Rd., Suite 115 Ft. Collins, CO 80525 Phone: 970.672.5100

☐ **UC Health** 221 E. 29th St. SUITE 102 Loveland, CO 80538 Phone: 970.619.6824

☐ ****Emergency: UCHEALTH Medical Center of the Rockies (MCR) 2500 Rocky Mountain Ave. Loveland, CO 80538 PHONE 970.624.2500**

***Make appointment with either Work Well, Concentra or Banner within 24 hrs. of E.R. visit.**

Transportation available to clinic/**X-ray on site/**Spanish Speaking service available/**Extended hours**

Employee's Signature:	Date:
Supervisor's Signature:	Date:

Send to:

Denise Absalom

Title: Risk Management Specialist

Phone: 970.613.5003

E-mail: Denise.Absalom@tsd.org

WORKERS'COMPENSATION INJURY CHECKLIST FOR INJURED EMPLOYEE/PATIENT

- ☐ Report the injury to your immediate supervisor within 24 hours.
- ☐ Complete the Thompson School District's Employee's First Report of Injury Form and email to denise.absalom@tsd.org
Or fax 970-613-6169
- ☐ Follow the physician's orders and work restrictions at all times if applicable. These restrictions apply to work, home, sports and leisure activities.
- ☒ Schedule and attend follow-up therapy, treatment and office visits after work hours, whenever possible. Otherwise, use up to three days of available paid leave to cover absences for medical care.
- ☐ Referrals are at the discretion and expert medical opinion of the designated physician
- ☐ Return to work immediately after appointment when released to return to modified or regular duty.
- ☐ Communicate with your supervisor, risk management office staff and designated physician.