Injury Packet

Warren County Board of Education
303 Lovers Lane
Bowling Green, KY 42103
Ph# 270-781-5150
Fax# 270-840-0134

To: Injured Employee

From: Sherry Stratton

Date:

Re: Recovery-At-Work Program

Dear Injured Employee:

Please take the following Letter and Work Restrictions Checklist to the Attending Physician. Please ask the Physician to complete during exam. IT IS YOUR RESPONSIBILITY TO RETURN THE NEEDED PAPERWORK TO YOUR SCHOOL CONTACT OR SHERRY STRATTON!!

Please RETURN the Work Restrictions Checklist to your school secretary or to Sherry Stratton *within 24 hours of treatment of this injury.*

PLEASE NOTE: SOME PHYSICIAN OFFICES HAVE THEIR OWN WORK STATUS FORMS. IF SO, BRING THIS FORM TO YOUR SCHOOL SECRETARY, SUPERVISOR OR SHERRY STRATTON WITHIN 24 HOURS OF THE TREATMENT.

We look forward to your return. If you have any questions, please do not hesitate to contact me.

- ☐ RTW Letter to Physician
- ☐ Work Restrictions Checklist

Warren County Public Schools
303 Lovers Lane
Bowling Green, KY 42103
270-781-5150

Date:

Attn:

Subject:
Date of Birth:

Dear Healthcare Provider:

You are treating a valuable employee of **Warren County Public Schools**. We have implemented a **RECOVERY-AT-WORK PROGRAM** to help injured workers with their recovery and rehabilitation and to assist in the transition to a return to full duty employment.

Please submit the billing to **KEMI, PO Box 4208, Clinton, IA 52733-4208**. Please contact KEMI for authorization of referrals to specialist and procedure requests. They can be reached at **800-640-5364**.

We would like to work with you and your patient to find a temporary, transitional position that will assure your patient's safe return to work. **Warren County Public Schools** will attempt to modify the employee's job to meet medical restrictions that may be assigned.

Thank you for your participation in the efforts to return **Warren County Public Schools** employees to a safe and productive workplace and on the road to recovery from their injury.

Sincerely,

Sherry Stratton
Employee Benefits
270-781-5150

RETURN TO WORK AUTHORIZATION FORM

Warren County Public Schools has a light duty and transitional work program that provides temporary jobs that injured employees should be able to safely perform during their recovery periods. Completion of this form will allow us to identify an appropriate assignment for this employee. Thank you for your cooperation and prompt response.

Date _____ **Employee's Name** _____ **DOB** _____

Diagnosis_____

☐ Return to work date (regular duty) ☐ Return to work date (light duty)

☐ Unable to work **From** _____ **To** _____ ☐ Return to Clinic on _____

Referral:

☐ Doctor_____ ☐ Physical therapy_____

Work Restrictions apply to: ☐ Work ☐ Home ☐ Leisure

During the applicable workday, this employee can:

☐ Sit _____ hours ☐ Stand _____ hours ☐ Walk _____ hours

For Work Day reference: *"occasionally"= 1-33%. "frequently"= 34-66%, & "continuously" = 67-100%.*

Employee Can	Never	Occasionally	Frequently	Continuously
Lift and carry				
Up to 10 pounds				
11- 25 pounds				
26- 35 pounds				
36- 50 pounds				
51- 75 pounds				
76-100 pounds				
Reach above shoulder level				
Push/Pull				
Climb				
Squat/Kneel				
Bend/Stoop/Crouch				
Twist upper body				

HEALTHCARE PROVIDER'S PRINTED NAME_____

CLINIC NAME _____