

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: <input type="checkbox"/> am <input type="checkbox"/> pm	End time: <input type="checkbox"/> am <input type="checkbox"/> pm	Days worked per week:	Hours worked per week:

Accident / Injury Information

Date of injury:	Time of injury: <input type="checkbox"/> am <input type="checkbox"/> pm
Name of Employer Representative Notified:	Date Employer Notified:
Accident occurred on employer's premises: <input type="checkbox"/> Yes <input type="checkbox"/> 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
 Work Well Occupational Medicine 1608 Topaz Drive Loveland, CO 80537 Phone: 970.593.0125
 Banner Occupational Health 1703 E. 18th Street, Suite 4 Loveland, CO 80538 Phone: 970.820.4580
 UC Health 2315 E. Harmony Dr. #170 Ft Collins CO or 151 W. Lake St. #1500 Ft. Collins Phone: 970.495.8450
 Work Well Occupational Medicine 1600 Specht Pt. Rd., Suite 115 Ft. Collins, CO 80525 Phone: 970.672.5100
 ****Emergency: McKee Medical Center 2000 Boise Avenue Loveland, CO Phone: 970.820.4640**
***Make appointment with either Work Well, UC Health or Banner within 24 hrs. of E.R. visit.**

Employee's Signature:	Date:
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Supervisor's Signature:	Date:
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Send to:

Denise Absalom

Title: Risk Management Specialist

Phone: 970.613.5003

Fax: 970.613.6169

E-mail: denise.absalom@thompsonschools.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@thompsonschoools.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.

Additional Information: Contact the Risk Management Office (613.5003 or 613.5006) if you have questions, need additional information or require assistance.
