



WORKER'S COMP CHEKLIST

□ Provide to Employee

- **DWC-1 Claim Form** as soon as the injury is reported
 - Form must be filled out **COMPLETELY** and signed by employee and site administration. **Employee MUST be provided with a copy of the completed DWC-1**
- **Instructions & Guidelines from the Risk Management Office**
- **Medical Service Order** completely filled out for employee to take to clinic
- **List of Worker's Comp Clinics**
 - Note: Employee may go to designated doctor **ONLY** if Risk Management has the completed and signed Pre-Designation Form **PRIOR** to injury

□ Site administration to complete

- **DWC-1 Claim Form – Submit to Risk Management**
- **Medical Service Order**
- **Supervisor's Report of Accident Form – Submit to Risk Management**
 - Employee **DOES NOT** receive a copy of the Supervisor's Report of Accident Form
 - Form must be filled out completely and signed by supervisor

PLEASE Notify Risk Management the same business day with the following information: (760) 731-5406 or mjimenez@fuesd.org

- Name of injured employee
- Severity of the injury (i.e., employee is being transported by ambulance)
- Injury (cause of injury, body part(s) injured, others involved)
- Is employee going to clinic; If so, which location

Providing this information to Risk Management is crucial; this will ensure any necessary follow up with the employee, clinic, worker's comp adjusters, or contacting OSHA, if employee is seriously injured.

Please contact Risk Management at (760) 731-5406 if you have any questions or concerns.

Original DWC-1 & Supervisor's Report MUST be sent to the Risk Management Specialist at the District Office

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