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Forsyth County Schools

Safety and Worker's Compensation Handbook

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(updated 2020)

Introduction

This handbook was designed to aid in the safety of all Forsyth County School employees, students and visitors. The handbook is designed to be used as a reference in conjunction with all applicable policies, regulations, rules and procedures for Forsyth County Schools. In addition, it is intended to be used in conjunction with all other district manuals, programs and plans which provide guidance and reference information in specific safety areas.

This handbook provides general precautions and procedures applicable to most safety situation. The procedures in this handbook are suggested base on best practices used by OSHA.

Forsyth County Schools promote a productive environment with a proactive safety culture. Please remember that safety is the responsibility of the employer, employee, students and visitors. Always use you best judgement when determining the best course of action to eliminate and or reduce incidents.

We all have a duty to be proactive and report safety issues and concerns to reduce and or eliminate the exposure.

IMPORTANT NOTE

Please be aware that State of Georgia Workers' Compensation Law, Rules and Regulations are subject to change on July 1st of each year. This handbook is intended for general reference only and FCS is not responsible for any errors or discrepancies in this document. For the most up-to-date information, visit www.sbwc.georgia.gov.

Safety Contact Information

Workers' Compensation Program Manager

Sheila Fairfield BSN, RN, CWCP

1120 Dahlonega Hwy

Cumming, GA 30040

Desk Phone: (770)887-2461 ext. 202140

Fax: (470)695-7834

Safety & Operations Team

Main Number: 770-888-3466

- **Todd Shirley (310267): Chief Operations Officer**
- **Steve Honn (310266): Director of School Safety and Student Discipline**
- **Mike Satterfield (220106): Director of Transportation (770-888-1234)**
- **Todd McClelland (310304): Director of Food and Nutrition Services (770-888-3473)**
- **Nathan Turner (310268): Athletics and Activities Coordinator**
- **David Feuerbach (313274): School Safety and Student Discipline Coordinator**
- **Jeff Cheney (310231) School Safety Administrator**
- **Ola Shadburn (312727): Administrative Support to School Safety**
- **Kim Rickett (312827): Administrative Support to School Safety**



"If you see something say something"

Accidents often happen when proper safety steps and instructions are skipped.

General Safety Responsibilities

The responsibility for safety is shared at many levels within the school district, including the District Administration, School Safety, School Administrators and Site Safety Personnel, all employees, students and visitors.

A. **District Administration**

School safety begins with the commitment and support of the district administration. The district administration:

1. Communicates the importance of school safety.
2. Promulgates safety policies and regulations.
3. Provides support for principals/directors, employees, and site safety teams.

B. **School Safety Department/Workers' Compensation Program Manager**

The School Safety Department is responsible for developing and implementing the district's safety program. Specific duties include:

1. Ensuring compliance with governmental regulations.
2. Development of written safety policies, procedures, and programs.
3. Review loss reports, work to identify causes and make appropriate recommendations to prevent their recurrence.
4. Provide support and consultation to all schools and departments on safety and loss control issues.
5. Manage district liability and insurance programs.

C. **School Administration/Site Safety Personnel**

School Administration is directly responsible for the safety of their sites, students, and employees. They are required to integrate safety into the work process and to monitor potential safety and health concerns. Duties include:

1. Leading by example
2. Enforcing safety policies and procedures.
3. Training new employees.
4. Properly investigating and reporting accidents.
5. Coordinating efforts of Site Safety Teams.
6. Conducting periodic safety inspections.
7. Correcting unsafe acts and conditions.

D. Employees

Employees must recognize the hazards inherent in their jobs and abide by safety rules and safe work methods. Involvement on the part of all employees is critical to the success of the safety effort. Employees' responsibilities include:

1. Take responsibility for personal safety and safety of students and co-workers.
2. Lead by Example
3. Follow all safety rules and procedures.
4. Promptly report unsafe conditions to their supervisor.
5. Make suggestions to improve safety in the work environment.
6. Use all personal protective equipment as required.
7. Attend safety training as requested.
8. Serve as member of Site Safety Team.
9. Promptly report any on-the-job accidents to their supervisor.

E. Students

Students also play an important part in school safety. Students should be encouraged to:

1. Take responsibility for personal safety.
2. Lead by example
3. Promptly report unsafe conditions to their teacher.
4. Follow all safety rules and procedures.
5. Promptly report any accidents to their teacher.

F. Visitors

Visitors should also play an important part in maintaining safe schools. Visitors should be encouraged to:

1. Take responsibility for personal safety, safety of students and other parents/volunteers.
2. Follow all safety rules and procedures.
3. Promptly report unsafe conditions to administration or an employee.
4. Make suggestions to improve safety in the school environment.
5. Promptly report any accidents to the school.

School and Workplace Safety

A. General Safety Precautions

The following rules apply to all employees:

1. Follow all safety policies and procedures as outlined in this handbook along with those that are provided specific to your position/facility and are provided by your department or facility.
2. Report unsafe acts or unsafe conditions to your supervisor without delay.
3. Report all accidents and injuries to your supervisor immediately.
4. Maintain and support a safe work environment and specific work areas
5. All employees are prohibited from arriving to work or remaining at work when their ability to perform the job safely is impaired.
6. Use only the machinery, equipment, and tools that you are qualified and authorized to use.

B. Blood and Body Fluid Exposure

The body fluids and substances of all persons should be considered to contain potentially infectious agents. No distinction shall be made between body fluids and substances from individuals with a known disease or infection and those from asymptomatic or undiagnosed individuals. Body fluids and substances include blood, semen, wound drainage, feces, urine, vomitus respiratory secretions (e.g., nasal discharge or sputum), and saliva.

1. The following infection control practices should be followed in all situations involving potential contact with any body fluids and substances:
 - a. Wear gloves when it is likely that hands will be in contact with body fluids or substances. When possible, wear vinyl or latex gloves while holding bloody noses and dealing with cuts that are bleeding. Gloves should be kept in emergency response kits at controlled substance testing and should be readily accessible in sites where students seek assistance for bloody noses, injuries, or illness. (If vinyl or latex gloves are not available, the use of towels or some other clean material as a barrier may provide some protection.)
 - b. Cuts and sores on your skin should be routinely covered to avoid infection and contact with body fluids.
 - c. Wash hands often and well, paying attention to areas around and under fingernails and between fingers.
 - d. Clean up as soon as possible after any skin contact with any type of body fluid or substance using soap and hot water.
 - e. Contaminated tissue, paper towels, gloves, discarded urine and other used disposable items and equipment should be placed in plastic bags before being discarded in a plastic-lined trash container and should be secured and disposed of daily.
2. Use individual judgment in determining when gloves or other barriers are needed for unpredictable situations. It is strongly recommended to use barriers when contact with body fluids or substances is anticipated.

3. Under no circumstances shall students be asked or allowed to clean up body fluids except their own and then only when appropriate.

C. Classroom Safety

Prevention of accident and incidents in the classroom is a primary goal to avoid injury and disruption to the educational process.

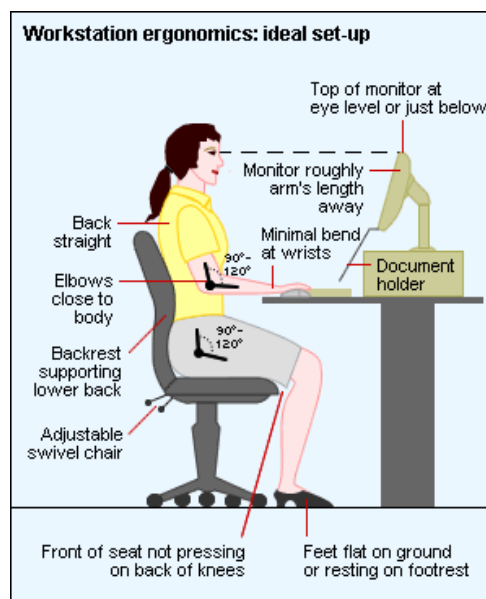
- a. Ensure housekeeping of the classroom addresses issues such as storage, clutter, tidiness, security of materials and safe access and egress.
- b. Avoid excessive accumulation of combustible materials i.e., student work and decorations on walls.
- c. Doorways should be kept free always of all obstructions and combustible materials.
- d. Shelving should be of sturdy construction and contents stored neatly.
- e. Do not stack flammable materials on shelves or cabinets within two feet of the ceiling
- f. Avoid the use of flammable materials in the classroom.
- g. Avoid use of extension cord as a permanent source of power. When necessary for temporary use ensure that cords are in good condition and do not extend into traffic areas. Keep power that cords away from heat, water and oil.
- h. Avoid use of extension cord as a permanent source of power. When necessary for temporary use ensure that cords are in good condition and do not extend into traffic areas.
- i. Avoid the storage and use of electrical appliance in the classroom. Appliances included but not limited are microwaves, space heaters, refrigerators, etc.

D. Ergonomics

Improper or inappropriate work processes or work postures when sitting, standing, kneeling, squatting, etc. can lead to strain or injury.

1. Indicators of problems to watch
 - a. *Pain, tingling, numbness.*
 - b. *Back, shoulder, neck strains.*
 - c. *Hand, wrist, arm problems.*
 - d. *Repetitive tasks.*
 - e. *Awkward posture.*
2. Recommendation
 - a. *Keep your body relaxed.*
 - b. *Keep your wrists straight.*
 - c. *Keep your shoulders relaxed.*
 - d. *Keep your arms and elbows close to your body.*
 - e. *Keep your spine and neck straight.*

3. Workspaces
 - a. *Use adjustable platforms, tables, and chairs.*
 - b. *Equipment controls should be located shoulder to waist high.*
 - c. *Work surfaces should be elbow height.*
 - d. *Ensure enough leg room when seated.*
4. Standing
 - a. *Use anti-fatigue mats.*
 - b. *Keep work surface below elbows.*
 - c. *Elevate one foot slightly.*
5. Seating (chairs should)
 - a. *Be comfortable, but firm.*
 - b. *Have unrestricted movement.*
 - c. *Have an adjustable seat height.*
 - d. *Have a support for lower back.*
6. Video display terminals
 - a. *To minimize screen glare, place monitor at a 90 degree angle*
 - b. *Adjust monitor height to slightly below eye level.*
 - c. *Distance to monitor should be about one arm's length.*
7. Lighting
 - a. *Should be adequate but not excessive.*
 - b. *If a window is present, it should have adjustable blinds*
 - c. *Avoid direct or reflected light into eyes.*
 - d. *Reflect light down, not up.*



E. Electrical Safety

1. Electrical Outlets and Cords
 - a. Cover plates shall be installed for outlets.
 - b. The use of multi-outlet plug adapters should be prohibited (unless these are of an approved type with built in circuit breaker protection).
 - c. Extension cords are not allowed to be used as permanent wiring.
 - d. Electrical cords that are cut, frayed, etc., should be replaced.
 - e. Any equipment that sparks, stalls, or runs hot should be repaired or replaced by qualified personnel.
2. Electrical Panels and Rooms
 - a. The main electrical equipment room should always remain locked with access by authorized personnel only.
 - b. All electrical boxes outside of the secured area should be kept locked.
 - c. There shall be no storage of combustibles/flammables in an electrical room.
 - d. Access to all electrical panels should always be kept free and clear of any storage or obstruction.
 - e. Panel box doors should be kept closed.
 - f. Service panels should not be warm or hot (this may indicate an over-load).
 - g. Breakers should never be taped in the "on" position (this prevents them from operating correctly).

F. Fall Safety

Slips, trips and falls are the most common and *most preventable* kinds of accidents. Preventing falls is a major responsibility of all employees.

1. Wear appropriate shoes with non-slip soles that are in good condition.
2. Use care when walking on stairways, hold on to handrails to keep your balance and maintain a safe pace to avoid slipping or falling.
3. When it is necessary to climb - use a ladder, not a chair, stool, or box.
4. In the winter, be on alert for slippery outdoor sidewalks and steps. Each school should have a snow removal plan including:
 - a. maintaining an adequate supply of ice melt material.
 - b. prioritizing which walkways need to be cleared first.
 - c. arriving early enough to clear walkways.
 - d. ensuring that walkways are cleared in a reasonable amount of time.
5. Report tripping hazards, loose handrails, steps in poor condition, slippery indoor steps, etc. to an administrator or supervisor immediately.
6. Promptly remove debris and litter from floors and walkways.

7. Immediately clean up spilled water, coffee, and other liquids that may pose a slip hazard.
8. When mopping the floor, mop half of the corridor or lobby at a time so that people will not have to walk over wet surfaces.
9. Mark wet/slippery floors with orange traffic cones, "Wet/Slippery Floor" signs, or other obvious caution signage. Put signs at both ends of the slippery area.
10. Keep aisle ways clear, and walkways between desks and workspaces free of debris.
11. All desk and file cabinet drawers should always be closed.
12. Store sharp objects away when not in use to avoid potential hazard.

H. Ladder Safety

Various types of ladders are available at your location to use. There is no excuse for using a chair, desk, etc. to reach high places. Contact your custodian for the correct ladder.

1. Broken or damaged ladders must not be used. Have them repaired or dispose of them immediately. Ladders to be repaired must be tagged, **"DO NOT USE"**
2. Do not splice together short ladders to make a longer ladder
3. All straight ladders must be tied off at the top
4. Ladders should not be placed against movable objects
5. The base of the ladder must be set back a safe distance from the vertical - approximately 1/4th of the working length of the ladder
6. Ladders used for access to a floor, or a platform must extend at least three feet above the landing
7. The areas around the top or base of the ladder must be free of tripping hazards such as loose materials, trash, electrical cords, etc.
8. Ladders which project into passageways or doorways, where they can be struck by personnel, moving equipment or materials being handled, must be protected by barricades or guards
9. Face the ladder always when ascending or descending
10. Be sure that your shoes or boots are free from mud, grease, or other substances which could cause a slip and fall
11. Always move the ladder before ascending to avoid overreaching
12. Step ladders must be fully opened to permit the spreader to lock
13. Wood ladders should never be painted – paint hides cracks and defects
14. Metal ladders must not be used for electrical work or in areas where they could contact energized wiring

I. Materials Handling Safety - LIFTING

Before you lift, attempt to check the weight of the object. Try to estimate its weight. If you are not sure, squat down and try to lift the corner. If you do not feel comfortable about the lift, or if it feels too heavy, DON'T LIFT IT! Do not be afraid to ask for some assistance or locate a hand truck or other lifting device to aid you.

1. Manual Lifting
 - a. First, position your feet
 - ❖ Preferably one alongside of the object to be lifted and the other behind
 - ❖ This will provide the balance necessary for a smooth lift
 - b. Second, tighten your stomach muscles
 - ❖ Pull in your stomach and straightening your back to keep your spine, back muscles, and ligaments in correct alignment
 - ❖ This will evenly distribute the load over the entire spine
 - ❖ A straight back does not necessarily mean a vertical back, your back can still be straight even if you are lifting at an angle
 - ❖
 - c. Third, bend your hips and knees
 - ❖ Use the sit-down position
 - ❖ Draw the object in close to your body
 - ❖ Bend at your hips to aid in keeping your back straight
 - ❖ Bend your knees to allow you to lift with your legs
 - d. Fourth, grab the object by the opposite corners
 - ❖ Position the body so its weight is centered over the feet
 - ❖ Tuck in your chin
 - ❖ Start the lift with a thrust of the rear foot and remember that as you lift use smooth movement and avoid jerking
 - ❖ When the load has been lifted keep the load close to your body
 - ❖ Pivot your feet if you must turn, remember, don't twist!
2. Carrying
 - a. Keep your back as straight as possible
 - b. Keep weight loads close to your body and center over your pelvis
 - c. Put your load down by bending the hips and knees with your back straight and load close to your body
 - d. If the load is too heavy, get help
 - e. When a load is carried by more than one person, allow one individual to be the leader so that you have good timing and coordination
3. Reaching for objects
 - a. When using a ladder:
 - ❖ Use a safe and proper ladder when the object exceeds a reasonable reach
 - ❖ Use a ladder or platform, preferably with railing, whenever possible
 - ❖ Stand close to the object
 - ❖ Keep the center of gravity over the base of the support
 - b. When reaching from the ground:

- ❖ Place your feet about shoulder-width apart
 - ❖ Place one foot in front of the other so that you have freedom of movement forward and backward as arms are raised and lowered
 - ❖ Keep good body alignment
 - ❖ Move close to the object
 - ❖ Do not reach outward to the point of straining
- c. When reaching for an object which is above the head:
- ❖ Grip it with the palms
 - ❖ Lower it slowly
 - ❖ Keep it close to the body on the way down
4. Hand Trucks
- a. Two-wheeled trucks:
- ❖ Keep the loads center of gravity as low as possible
 - ❖ Never walk backwards with this type of hand truck
 - ❖ When going down an incline, keep the truck ahead of you
 - ❖ When going up an incline, keep the truck behind you
- b. Four-wheeled hand trucks:
- ❖ Keep the load even and not so high as to cause spillage and/or obstruction of the view
 - ❖ Push rather than pull four-wheel trucks (if a truck has a third or fifth wheel with a handle it can be pulled)
- c. Four main hand truck hazards:
- ❖ Running wheels off work surfaces
 - ❖ Colliding with other objects
 - ❖ Jamming hands between trucks and other objects
 - ❖ Leaving the handle down or leaving the truck in a location that trips or blocks employees



Two- wheel hand truck that is converted to a four-wheel hand truck

Hand Truck Safety



Proper Lifting Techniques



Workers' Compensation

Purpose

Workers' compensation is an accident insurance program paid by your employer which may provide you with medical, rehabilitation and income benefits if you are injured on the job. These benefits are provided to help you return to work.

In compliance with Georgia State laws, Forsyth County Schools Workers' Compensation Program ensures that employees are provided appropriate medical care, vocational rehabilitation and financial compensation for lost wages if required, due to an injury on the job.

Injuries should be reported to an administrator/supervisor immediately to help prevent the loss of benefits. If medical care is needed contact the Workers' Compensation Program Manager – Sheila Fairfield (770)-887-2461 Ext 202140 for authorization of treatment from one of the panel physicians.

Copies of the Workers' Compensation injury packet should be available at each facility. Additional copies can be downloaded from the Forsyth County Schools website/Staff Resources/ Workers' Comp.

[FCS Webpage/ Staff Resources/ Workers' Comp.](#)

Each facility should post Panel of physicians and the Bill of Rights in areas that are easily accessible to employees. Areas would include break rooms, near time entry stations, copiers, restrooms, and lounges.

Each School/facility/Department should have one designated school administrator as a point of contact for Workers' Compensation. With a single administrative point of contact, we would achieve the following:

- Streamline the reporting of student/visitor and employee accident /serious illness reporting, ensuring that reports are accurately submitted delaying the processing of claims.
- Streamline the return-to-work process by relaying work status with limitations and determining if accommodations can be met.
- Immediately identify safety issues and concerns within the facility.
- Easily communicate safety training needs to reduce workplace injuries with the WC Program Manager.

All the accidents/sudden illnesses that are reported help aid the school district in continued strides in improving the safety for both students and staff

We are self-insured. We want to ensure that our staff, students, and visitors are acting in a safe manner reducing injury and ultimately liability and claims.

Reporting an Employee Incident

Anytime that 911 is called regardless if is a work-related injury, an accident report should be completed.

Reporting an employee incident will assist supervisory and administrative support personnel in Forsyth County Schools with their on-going efforts in taking the appropriate action to deal with a work-related injury.

In compliance with Georgia State laws, Forsyth County Schools Workers' Compensation Program ensures that employees are provided appropriate medical care, vocational rehabilitation and financial compensation for lost wages if required, due do an injury on the job.

In order to assist the Workers' Compensation Program Manager in making sure that benefits are received timely, all documents related to the on-the-job injury must be completed and received in an expedited and accurate manner. Your efforts are appreciated in efficiently submitting these documents to the appropriate office for handling.

All accidents that are safety related incidents, regardless of whether and injury is incurred, should be reported to the supervisor immediately. It does not matter how minor the incident. Workers' Compensation and Safety should also be notified immediately.

Ensure all detail of the incident is documented using the provided workers' compensation packet. Packets can be located using the link below or in the back of this handbook Appendix __. Hard copies should be available at each school. Injury reports should be submitted within 24 hours of injury notification.

[Workers' Compensation Injury Reporting Packet](#)

Information that will be needed to complete the Workers' Compensation packet:

- ❖ Who did it happen to (collect all demographics – name address, email, phone # date of birth and job title)?
- ❖ What happen **(describe in detail)**?
- ❖ I identify what the employee was doing at to the time of incident
- ❖ Where did it happen (location)?
- ❖ When did it happen (date and time)?
- ❖ Why did it happen?

- ❖ How did it happen?
- ❖ If incident involves injury (identify specific body part and mark the body diagram accordingly)
- ❖ Ensure every question on the report is answered and it is signed and dated by a supervisor

If medical care required:

- ❖ Emergency call 911 – Investigation can be conducted with witness first. Once injured employee is released from care and physically capable, investigation should be conducted. Contact the Workers' Compensation Program Manager @ (770) 887-2461 ext. 202140
- ❖ Non-Emergency – Complete investigation and select a provider for the approved panel. Contact the Workers' Compensation Program Manager and care will be coordinated and authorized. Please do not call panel physicians to arrange workers' compensation care.

If no medical care is needed:

- ❖ Complete the Refusal of Medical Treatment

Please ensure that all forms within the packet are completed prior to sending them to the Workers' Compensation Program Manager at workerscomp@forsyth.k12.ga.us. Timely and accurate reporting are key in ensuring that injured cared for in a timely matter and the safety incident can be corrected. Below is a checklist of the paperwork that should be submitted for an incident requiring medical treatment and an incident with refusal of medical treatment.

Checklist for Reporting an Injury/Illness Needing Medical Care:

1. IF AN EMERGENCY CALL 911!! Call the Workers' Compensation Program Manager to update.
2. Report the injury to a supervisor.
3. Choose a physician from the panel of approved physicians
4. Contact the Workers' Compensation Program Manager To authorize and coordinate care
5. Complete and sign a detailed accident report
6. Have a Supervisor/Administrator complete and sign the Supervisor/Administrator investigation report.
7. Employee signed copy of the Panel of Physicians
8. Complete and sign WC 207- Consent and Authorization of Release of Medical Information.
9. Submit the completed and signed accident report, supervisor/administrator report, signed panel of physicians, and WC207 – Consent and Authorization of Release of Medical Information to the Workers' Compensation Program Manager workerscomp@forsyth.k12.ga.us or fax (770) 888-1221.

Checklist for Reporting an Injury/Illness - NO Medical Care needed:

1. Report the injury to a supervisor.

2. Complete and sign a detailed accident report.
 3. Have a Supervisor/Administrator complete and sign the Supervisor/Administrator investigation report.
 4. Sign the Refusal of Medical Treatment form.
 5. Submit the completed and signed accident report, supervisor/administrator report, and Refusal of Medical treatment to the Workers' Compensation Program Manager workerscomp@forsyth.k12.ga.us or fax (470) 695-7834.
-
- ❖ All employee accident reporting information, claim and incident only, are filed with our adjuster
 - ❖ Always provide detailed and accurate reporting, it may be part of a legal documentation.
 - ❖ When accidents occur, they need to be documented at that moment.
 - ❖ Signing a refusal of medical treatment, does not mean that the injured can never get care. It shows that care was offered from one of the panel physicians at the time of injury and it was declined at the time of the report. If the injured should change their mind, and decide care is wanted, contact the Workers' Comp Program Manager to determine the next steps. The initial refusal of care is reviewed by the WC Program Manager and adjuster when determining the status and next steps of the claim process.
 - ❖ Every reported injury should be offered care from a panel physician...it is the law.

Completing Accident Forms

It is important that with every injury that it is reported promptly, and the appropriate forms be submitted to the Workers' Compensation Program Manager.

Complete Forms 1-4 for every claim requiring medical care (4 pages)

Complete Forms 1 and 5 for claims that DO NOT require medical care (3 pages)

All Completed forms should be faxed (770-888-1221) or emailed to the Workers' Comp Program Manager (workerscomp@forsyth.k12.ga.us) as soon as they are completed.

Form 1

Form 1 consists of two pages

PAGE 1 of the Accident Report needs to be completed by the injured employee. The employee should be specific in their description of their injured body part (indicate whether it is the right or left side, if applicable). They also need to **shade in the body part on the diagram to better clarify the injured body part**. Make sure they indicate whether they return to work, go home or go to a panel doctor. **And, PLEASE ENSURE THAT THE EMPLOYEE ANSWERS ALL 6 QUESTIONS PROVIDING A DETAILED EXPLANATION WHEN ASKED.**

Page 2 Supervisor/Administrator Report Each accident report must be signed off on by the employee's supervisor and/or an administrator. Please have the supervisor or administrator complete this section within 72 hours of the accident.

Form 2

The law requires that the Panel of Physicians be posted at each facility. A copy of the Panel of Physicians should also be available in your accident kit. It is the employee's right to choose a physician from the panel. When you present the panel to the employee, **have the injured employee circle their physician selection and sign beside their selection affirming that we showed them the panel and gave them choice of physicians from the panel.**

Form 3

The Bill of Rights. This form is created by the State Board of Workers' Compensation. It should be posted next to the Panel of Physicians. Please give a copy of this Bill of Rights to every employee at the time of accident.

Form 4

This is the Release for Medical Records Form which is required for all employees filing a workers' compensation claim requiring medical treatment. **The employee must complete and sign this at the time of the accident.**

Form 5

The Refusal of Medical Treatment or Observation Form. **ONLY complete Form 5 if it is a minor incident and the employee refuses medical treatment.** If you think their injury is severe then you should contact the Finance Department for special handling instructions.

Please make sure that each form is completed answering all questions in a detailed manner. Each form should be signed and dated by the appropriate party. If you have questions about completing the required forms, please reach out to the Workers' Compensation Program Manager.

All forms can be found in the Appendix and the Forsyth County School's webpage under Finance & Business/Workers' Compensation. A link to the page is provided below.

FCS Workers' Compensation

FORSYTH COUNTY SCHOOLS **EMPLOYEE ACCIDENT / ILLNESS REPORT** Please Complete All the Questions

(Revised July 2020)

Notice Regarding Worker's Compensation Eligibility: The injured employee or his/her immediate supervisor must complete and submit this accident report to the designee of the Principal or Facility Supervisor within 24 hours after the accident, AND the injured employee must see a physician designated as a Forsyth County Board of Education Workers' Compensation physician within 48 hours after the accident. OR if the injury occurred after doctor's hours and the injury requires immediate medical attention, the injured employee must report to the nearest emergency room.

Directions for the Employee and Principal or Facility Supervisor: Retain Original at School/Facility Fax Copy to Finance Office (Fax 770-888-3221)
(1) All employee accidents must be reported verbally to the Finance Department (770-887-2463 x 202140) ASAP by your designee.
(2) Direct the injured employee or his/her immediate supervisor to complete and return this accident report to your designee within 24 hours; (770-888-1221)
(3) Take appropriate corrective action designed to prevent or reduce the risk of a similar accident whether with facilities or transportation.

Information about the Accident

School or Facility Name: _____ Accident Date: _____ Accident Time: _____ AM/PM

Full Name of Person Involved in the Accident: _____
Cell Number of Person Involved in Accident: _____ Email of Person Involved in Accident: _____

When did the supervisor/administrator first have knowledge of the injury? Accident Date: _____ Accident Time: _____ AM/PM

Check all that Apply:
Location of Occurrence: ☐ On Premises ☐ Off Premises ☐ On Approved Route
Job Description: ☐ Teacher/Administrator ☐ Secretary/Clerk ☐ Custodian ☐ Food Service ☐ Maintenance ☐ Bus Driver ☐ Other
(Specify Other): _____
Nature of Injury/Illness: (Strain, Laceration, Burn, Fracture, etc.) _____
Part(s) of Body: (Back, Finger, Hand, Foot, etc.) _____ *(shade in body part)*

Employee Went ☐ Back to Work ☐ Home ☐ To Panel Doctor ☐ To Hospital ☐ Nurse ☐ Other

If Nurse or Other give details: _____

1. Please describe the accident (be as descriptive as possible including where the accident happened):

2. Have you had prior injury or condition to injured body part(s)? Yes ☐ No ☐ If yes, explain:

3. Did you have any medical conditions before the accident? Yes ☐ No ☐ If yes, explain:

4. Did anyone witness the accident? Yes ☐ No ☐ If yes, give details:

5. What could have been done to prevent the injury?

6. Did you select a doctor from our panel of physicians? Yes ☐ Incident Only ☐ If incident only, state why you do not want to seek treatment:

Employee Signature: _____ Date: _____
Immediate Supervisor Signature (if applicable): _____ Date: _____
Principal or Facility Supervisor Signature: _____ Date: _____

Forsyth County Schools Supervisor/Administrator Report
(Revised July 2019)

To Be Conducted by the School Safety Coordinator or Another Administrator. Please complete within 72 hours.

MANAGER REPORT

Injured Employee Name: _____ Date of Injury: _____

Medical: Did the employee receive treatment outside of our posted panel of physicians? Yes ☐ No ☐

If YES, did the employee go to the emergency room? Yes ☐ No ☐

Emergency Room: _____

Why did the employee go to the emergency room?

If NO, where did employee go for medical treatment (we need to know why they did not go to a panel doctor):

Did the employee go alone to seek medical treatment? Yes ☐ No ☐ If NO, who went?

Red Flag Analysis (please give an explanation for every box checked) If no Red Flags check here ☐

☐ There were conflicting descriptions of what happened.
☐ The employee had health concerns that may have contributed to the incident.
☐ The employee had a history of injuries
☐ The employee had missed days or reported sick prior to the injury
☐ The claim was unwitnessed. If No were witness statements obtained? Yes ☐ No ☐
☐ The employee has had previous workers' compensation claims.
☐ The employee delayed reporting.
☐ The Supervisor delayed reporting.
☐ The employee works somewhere else.
☐ The employee may have been injured away from work.
☐ The employee has had a history of disciplinary actions.

How Can Future Accidents Be Prevented? (Mark all that apply)

Employee Training ☐ Proper Use of Equipment ☐ Improve Task Procedures ☐ Improve Work Area ☐
Equipment Correction ☐ Removal of Hazard ☐ Use of Personal Protective Equipment ☐ Provide Hazard
Warning ☐ Enforce Policy/Rule ☐ Other ☐ Explain: _____

Name _____ Signature _____ Date _____

Form 1 Page 1 of WC Injury Packet
Appendix page 33

Form 1 Page 2 of WC Injury Packet
Appendix Page 34

OFFICIAL NOTICE

This business operates under the Georgia Workers' Compensation Law.

WORKERS MUST REPORT ALL ACCIDENTS IMMEDIATELY TO THE EMPLOYER BY ADVISING THE EMPLOYER PERSONALLY, AN AGENT, REPRESENTATIVE, BOSS, SUPERVISOR, OR FOREMAN.

If a worker is injured at work, the employer shall pay medical and rehabilitation expenses within the limits of the law. In some cases the employer will also pay a part of the worker's lost wages.

Work injuries and occupational diseases should be reported in writing whenever possible. The worker may lose the right to receive compensation if an accident is not reported within 30 days (see O.C.G.A. § 34-9-80).

The employer will supply free of charge, upon request, a form for reporting accidents and will also furnish, free of charge, information about workers' compensation. The employer will also furnish to the employee, upon request, copies of board forms on file with the employer pertaining to an employee's claim.

A worker injured on the job must select a doctor from the list below. The minimum panel shall consist of at least six physicians, including an orthopedic surgeon with no more than two physicians from industrial clinics (see O.C.G.A. § 34-9-27). Further, this panel shall include one minority physician, whenever feasible. (See Rule 201 for definition of minority physicians). The Board may grant exceptions to the required size of the panel where it is demonstrated that more than four physicians are not reasonably accessible. One change to another doctor from the list may be made without permission. Further changes require the permission of the employer or the State Board of Workers' Compensation.

State Board of Workers' Compensation
270 Peachtree Street, N.W.
Atlanta, Georgia 30303-1299
404-656-3818
or 1-800-533-0682
<http://www.sbwc-georgia.gov>

FORSYTH COUNTY SCHOOL SYSTEM -
72009

Peacelife Orthopedics 541 Ulloa St. SE (Orthopedic Surgery) Lawrenceville, GA 30046	1551 Northside Boulevard #1108 Cumming, GA 30041	770.377.7777
Rehabilitation Johns Hopkins, MD (Orthopedic Surgery) Frost Neil Tanaka, MD (Orthopedic Surgery) Frost and Yoniss The Hand & Upper Extremity Center of Georgia PC Joshua Ramey (Orthopedic Surgery) Troy Kneen Ravagers Orthopaedics Robert T. Tschopp (Orthopedic Surgery) Hip and Knee Hogan Healthcare Center (Orthopedic Surgery) General Ortho Miles Eye Center (Ophthalmology) Russell Medical (Oncology Care) Piedmont Urgent Care by WellStreet - Milton Alpharetta (Oncology Care) Northside Urgent Care - Cumming (Oncology Care) Northside Urgent Care - Dawsonville (Oncology Care)	2480 Old Milton Place #200 Alpharetta, GA 30009 4150 Deputy Bill Cantrell Memorial Rd #900 Cumming, GA 30009 107 Colony Park Dr #100 Cumming, GA 30040 1534 New Creek Cir #100 Cumming, GA 30041 4151 Browns Bridge Rd Cumming, GA 30041 12881 GA-9 Milton, GA 30054 5648 Bethelview Rd Cumming, GA 30040 51 Northside Dawson Dr #100 Dawsonville, GA 30134	404.255.0226 404.531.8484 770.436.5817 678.381.2020 770.771.5050 770.521.6890 770.205.2094 706.216.0000

(Additional doctors may be added on a separate sheet)

The insurance company providing coverage for this business under the Workers' Compensation Law is:

FORSYTH COUNTY SCHOOL SYSTEM
Administrative by Georgia Administrative Services, Inc. 1775 Spectrum Drive, Suite 100 Lawrenceville, GA 30043 • Phone: 800-627-0710 Fax: 770-963-2754

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT <http://www.sbwc-georgia.gov>

Willfully making a false statement for the purpose of obtaining or denying benefits is a crime subject to penalties of up to \$10,000 per violation (O.C.G.A. §34-9-10 and §34-9-11).

WC-P1 (7/2006)

Please have your Forsyth County School ID Badge when seeking medical treatment.

Form 3 of WC Injury Packet

Appendix page 35 (English) / 38 (Spanish)

Refusal of Medical Treatment or Observation Forsyth County Schools Workers' Compensation

Employee Name: _____
Date of Injury: _____ Time of Injury: _____
Date Reported: _____ Location of Incident: _____
Supervisor(s): _____
Witness(es): _____

I, _____, hereby acknowledge that my supervisor(s) has offered and made available to me an opportunity to seek necessary medical treatment and/or observation at the expense of my employer, Forsyth County Schools (FCS), for the work-related injury I incurred on _____ (date). I am voluntarily choosing to decline medical treatment and/or observation at this time.

I understand that I may request from my employer, at a later time, authorization to obtain medical treatment and/or observation for the injury described above. However, I understand that my refusal of medical treatment and/or observation today may impact my eligibility for workers' compensation benefits related to the injury described above. If I do decide at a later time to seek medical treatment I understand that I must let FCS know and if treatment is authorized I must treat from a physician located on our posted panel of physicians.

Employee Signature _____ Date _____
Witness _____ Date _____

The penalty for committing fraud is up to \$10,000 and 1 year in prison.

Edition date 7/1/19

Form 5 of WC Injury Packet

Appendix page 40

WC-207 AUTHORIZATION AND CONSENT TO RELEASE MEDICAL INFORMATION

GEORGIA STATE BOARD OF WORKERS' COMPENSATION

AUTHORIZATION AND CONSENT TO RELEASE MEDICAL INFORMATION

Instructions: This form shall not be filed with the Board, unless otherwise requested

TO:

Print Name and Title _____

Address _____

City _____ State _____ Zip Code _____

RE: Employee / Patient

Last Name	First Name	M.I.
SSN _____		
Date of Injury _____		
Birthdate _____		

This document authorizes the release of only the medical information as provided below. The above-stated entity, facility or medical practitioner is authorized to release medical information to Georgia Administrative Services, Inc./Forsyth County Schools in accordance with applicable State and Federal laws.

The information covered by this Authorization and Consent to Release is that authorized by O.C.G.A. §34-9-207 which reads as follows:

(a) When an employee has submitted a claim for workers' compensation benefits or is receiving payment of weekly income benefits or the employer has paid any medical expenses, that employee shall be deemed to have waived any privilege or confidentiality concerning any communications related to the claim or history or treatment of injury arising from the incident that the employee has had with any physician, including, but not limited to, communications with psychiatrists or psychologists. This waiver shall apply to the employee's medical history with respect to any condition or complaint reasonably related to the condition for which such employee claims compensation. Notwithstanding any other provision of law to the contrary, when requested by the employer, any physician who has examined, treated, or tested the employee or consulted about the employee shall provide within a reasonable time and for a reasonable charge all information and records related to an examination, treatment, testing, or consultation concerning the employee.

(b) When an employee has submitted a claim for workers' compensation benefits or is receiving payment of weekly income benefits or the employer has paid any medical expenses, that employee shall be deemed to have waived any privilege or confidentiality concerning any communications related to the claim or history or treatment of injury arising from the incident, including information related to the treatment or any mental condition or drug or alcohol abuse and to such employee's medical history with respect to any condition or complaint reasonably related to the condition for which such employee claims compensation. Said release shall designate the provider to whom the release is directed. If a hearing is pending, any release shall expire on the date of the hearing.

(c) If the employee refuses to provide a signed release for medical information as required by this Code section and, in the opinion of the Board, the refusal was not justified under the terms of this Code section, then such employee shall not be entitled to any compensation at any time during the continuance of such refusal or to a hearing on the issues of compensability arising from the claim.

Federal regulations (42 CFR Part 2), and the Health Insurance Portability and Accountability Act (HIPAA) of 1996 45 CFR 164.512(i) which reads as follows: "The covered entity may disclose protected health information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs, established by law, that provide benefits for work-related illnesses or injury without regard to fault." Anyone who receives information under this authorization receives the same under all limitations set forth in Federal and State law regarding further dissemination of such information.

This release shall expire in 180 days or upon written notice of revocation by the patient. If a hearing is pending, this release shall remain in effect until the hearing and shall expire on the date the hearing is held.

Employee / Patient Signature _____ Date _____

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT <http://www.sbwc-georgia.gov>

WILLFULLY MAKING A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING OR DENYING BENEFITS IS A CRIME SUBJECT TO PENALTIES OF UP TO \$10,000 PER VIOLATION (O.C.G.A. §34-9-10 AND §34-9-11).

WC-207

REVISION 12/2018

207

AUTHORIZATION AND CONSENT
TO RELEASE MEDICAL INFORMATION

Follow Up Care – What to do after you file a claim and receive initial treatment

Follow up for a Workers' Compensation injury can include but is not limited to medical treatment, testing, physical therapy, and the use of durable medical equipment.

- ❖ It is the responsibility of the employee comply with the doctor's orders/
- ❖ Employee must attend appointment(s)
- ❖ When scheduling follow-up appointments, the employee must do his/her due diligence in scheduling appointment when possible, both convenient for the employee and employer. This means that appointments should be scheduled closer to the start or finish of his/her shift.
- ❖ Employees are required to notify the immediate supervisor of all appointment in advance, so that the appropriate modification(s) are applied to operations if required.
- ❖ The employee must provide their immediate supervisor with a copy of his/her medical work status after each medical follow up visit. The Workers' Compensation Program Manager will work with the supervisor to address accommodations that may be needed when limitations that affect normal work duties.

Employee Rights

1. If you are injured on the job, you may receive medical, rehabilitation and income benefits. These benefits are provided to help you return to work. Your dependents may also receive benefits if you die because of a job-related injury.
2. Your employer is required to post a list of at least six doctors or the name of the certified WC/MCO that provides medical care. You may choose a doctor from the list and make one change to another doctor on the list without the permission of your employer. However, in an emergency, you may get temporary medical care from any doctor until the emergency is over; then you must get treatment from a doctor on the posted list.
3. Your authorized doctor bills, hospital bills, rehabilitation in some cases, physical therapy, prescriptions, and necessary travel expenses will be paid if injury was caused by an accident on the job.
4. You are entitled to weekly income benefits if you have more than seven days of lost time due to an injury. Your first check should be mailed to you within 21 days after the first day you missed work. If you are out more than 21 consecutive days due to your injury, you will be paid for the first week.
5. Accidents are classified as being either catastrophic or non-catastrophic. Catastrophic injuries are those involving amputations, severe paralysis, severe head injuries, severe burns, blindness, or of a nature and severity that prevents the employee from being able to perform his or her prior work and any work available in substantial numbers within the national economy.
6. In catastrophic cases, you are entitled to receive two-thirds of your average weekly wage up to the maximum allowed under the law for a job-related injury for as long as you are unable to return to work. You are also entitled to receive medical and vocational rehabilitation benefits to help in recovering from your injury. If you need help in this area, call the State Board of Workers' Compensation at (404) 656-3875. Your employer will advise you of the amount of your weekly benefit.

In all other cases (non-catastrophic), you are entitled to receive two-thirds of your average weekly wage up to the maximum allowed under the law for a job-related injury. You will receive these weekly benefits if you are totally disabled, but no longer than 400 weeks. If you are not working and it is determined that you have been capable of performing work with restrictions for 52 consecutive weeks or 78 aggregate weeks, your weekly income benefits will be reduced to two-thirds of your average weekly wage, but no more than the maximum allowed under the law, not to exceed 350 weeks.

7. When you are able to return to work but can only get a lower paying job as a result of your injury, you are entitled to a weekly benefit of not more than the maximum allowed under the law for no longer than 350 weeks.
8. Your dependent(s), in the event you die because of an on-the-job accident, will receive burial expenses up to the maximum allowed under the law and two-thirds of your average weekly wage, but not more than maximum allowed by law. A widowed spouse with no children will be paid the amount which is allowed under the law at the time of injury. Benefits continue until he/she remarries or openly cohabits with a person of the opposite sex.
9. If you do not receive benefits when due, the insurance carrier/employer must pay a penalty, which will be added to your payments.

(This notice must be posted in a conspicuous place readily accessible to the employee at all times.)

OFFICIAL NOTICE

This business operates under the Georgia Workers' Compensation Law.

WORKERS MUST REPORT ALL ACCIDENTS IMMEDIATELY TO THE EMPLOYER BY ADVISING THE EMPLOYER PERSONALLY, AN AGENT, REPRESENTATIVE, BOSS, SUPERVISOR, OR FOREMAN.

If a worker is injured at work, the employer shall pay medical and rehabilitation expenses within the limits of the law. In some cases the employer will also pay a part of the worker's lost wages.

Work injuries and occupational diseases should be reported in writing whenever possible. The worker may lose the right to receive compensation if an accident is not reported within 30 days (see O.C.G.A. § 34-9-80).

The employer will supply free of charge, upon request, a form for reporting accidents and will also furnish, free of charge, information about workers' compensation. The employer will also furnish to the employee, upon request, copies of board forms on file with the employer pertaining to an employee's claim.

A worker injured on the job must select a doctor from the list below. The minimum panel shall consist of at least six physicians, including an orthopedic surgeon with no more than two physicians from industrial clinics (see O.C.G.A. § 34-9-201). Further, this panel shall include one minority physician, whenever feasible (see Rule 201 for definition of minority physician). The Board may grant exceptions to the required size of the panel where it is demonstrated that more than four physicians are not reasonably accessible. One change to another doctor from the list may be made without permission. Further changes require the permission of the employer or the State Board of Workers' Compensation.

State Board of Workers' Compensation
270 Peachtree Street, N.W.
Atlanta, Georgia 30303-1299
404-656-3818
or 1-800-533-0682
<http://www.sbwcc.georgia.gov>

name/address/phone name/address/phone name/address/phone

name/address/phone name/address/phone name/address/phone

(Additional doctors may be added on a separate sheet)
The insurance company providing coverage for this business
under the Workers' Compensation Law is:

Name

address

phone

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT <http://www.sbwcc.georgia.gov>
Willfully making a false statement for the purpose of obtaining or denying benefits is a crime subject to penalties of up to \$10,000.00 per violation (O.C.G.A. § 34-9-18 and § 34-9-19).

WC-P1 (7/2006)

GEORGIA STATE BOARD OF WORKERS' COMPENSATION BILL OF RIGHTS FOR THE INJURED WORKER

THE PURPOSE OF THIS BILL OF RIGHTS IS TO INFORM THE INJURED WORKER OF HIS OR HER RIGHTS UNDER THE GEORGIA WORKERS' COMPENSATION LAW. THIS BILL OF RIGHTS IS NOT A SUBSTITUTE FOR THE GEORGIA WORKERS' COMPENSATION LAW, BUT IT IS A SUMMARY OF THE MOST IMPORTANT RIGHTS OF THE INJURED WORKER.

1. The injured worker has the right to be informed of his or her rights under the Georgia Workers' Compensation Law.
2. The injured worker has the right to be informed of the steps to be taken to file a claim.
3. The injured worker has the right to be informed of the steps to be taken to file a claim.
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THIS BILL OF RIGHTS IS NOT A SUBSTITUTE FOR THE GEORGIA WORKERS' COMPENSATION LAW, BUT IT IS A SUMMARY OF THE MOST IMPORTANT RIGHTS OF THE INJURED WORKER. THE INJURED WORKER SHOULD CONSULT WITH A LAWYER FOR MORE INFORMATION.

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Copies of these documents are in the Worker's Compensation Injury packet and Appendix of the handbook.

Employee Responsibilities

1. You should follow written rules of safety and other reasonable policies and procedures of the employer.
2. You must report any accident immediately, but not later than 30 days after the accident, to your employer, your employer's representative, your foreman or immediate supervisor. Failure to do so may result in the loss of the benefits.
3. You must accept reasonable medical treatment and rehabilitation services when ordered by the State Board of Workers' Compensation or the Board may suspend your benefits.
4. No compensation shall be allowed for an injury or death due to the employee's willful misconduct.
5. You must notify the insurance carrier/employer of your address when you move to a new location. You should notify the insurance carrier/employer when you are able to return to full-time or part-time work, and report the amount of your weekly earnings because you may be entitled to some income benefits even though you have returned to work.
6. A dependent spouse of a deceased employee shall notify the insurance carrier/employer upon change of address or remarriage.
7. You must attempt a job approved by the authorized treating physician even if the pay is lower than the job you had when you were injured. If you do not attempt the job, your benefits may be suspended.
8. If you believe you are entitled to income benefits and your insurance carrier/employer denies these benefits, you must file a claim within one year after the date of last authorized medical treatment or within two years of your last payment of weekly benefits or you will lose your right to these benefits.
9. If your dependent(s) do not receive allowable benefit payments, the dependent(s) must file a claim with the State Board of Workers' Compensation within one year after your death or lose the right to these benefits.
10. Any request for reimbursement to you for mileage or other expenses related to medical care must be submitted to the insurance carrier/employer within one year of the date the expense was incurred.
11. You shall be guilty of a misdemeanor and upon conviction shall be punished by a fine of not more than \$10,000.00 or imprisonment up to 12 months, or both, for making false or misleading statements when claiming benefits. Also, any false statements or false evidence given under oath during any administrative or appellate division hearing is perjury.

The State Board of Workers' Compensation will provide you with information regarding how to file a claim and will answer any other questions regarding your rights under the law. If you are calling in the Atlanta area, the telephone number is (404) 656-3818. Outside the metro Atlanta area, call 1- 800-533-0682 or write them directly at the address below:

GA State Board of Workers' Compensation 270
Peachtree Street, NW Atlanta, GA 30303-
1299 www.sbwg.georgia.gov

Worker's Compensation Benefits

Below is the State of Georgia Law Regarding the Workers' Compensation Act:

Under the provisions of the Georgia Workers' Compensation Act, an employee who is disabled in a work-related accident is entitled to weekly Workers' Compensation benefits equal to two-thirds (2/3rds) of the employee's weekly wage up to a current maximum of \$675.00 per week. These benefits commence after a 7-day waiting period. Compensation for the 7-day waiting period becomes payable only if the employee is disabled from work for 21 consecutive days. On the day of injury when the employee seeks treatment: WC Leave with Pay Code 832 – Only use this code on the first day where treatment is sought and authorized during an employee work shift.

There are three options for benefits. You must choose one.

If you are unable to work because of a job-related injury, your employer can not meet your accommodations, you have three (3) options for income during your recovery. Please read carefully and check the option below that best suits your needs.

Option 1: I elect to use my available Sick Leave (annual leave may only be used when all sick leave has been exhausted) for the entire period of my recovery. I understand that I will continue to receive a monthly paycheck with Employee Benefits deducted until all sick leave is exhausted or until I return to work. I will use my Workers' Compensation Benefits ONLY if my Sick Leave and Annual Leave is completely exhausted.

Attendance Codes: Sick Leave Code 800, Annual Leave Code 820

Option 2: I elect to use Workers' Compensation Benefits. I understand that I will not be eligible to use Sick/Annual Leave and that Workers' Compensation benefits become available after a seven (7) day waiting period. I understand that Workers' Compensation pays 2/3rds of my salary, up to \$675.00 per week. When opting to receive weekly Workers' Compensation benefits, I understand that I will be responsible for my Employee Benefit Payments (i.e. SHBP, Dental, Vision, Life, Disability, etc.) in lieu of scheduled payroll deductions.

Attendance Code: Workers' Compensation 832

Option 3: I elect to use my available Sick Leave (annual leave may only be used when all sick leave has been exhausted) **UNTIL** Workers' Compensation benefits become available after a seven (7) day waiting period. I understand that Workers' Compensation pays 2/3rds of my salary, up to \$675.00 per week. When opting to receive weekly Workers' Compensation benefits, I understand that I will be responsible for my Employee Benefit Payments (i.e. SHBP, Dental, Vision, Life, Disability, etc.) in lieu of scheduled payroll deductions.

Attendance Codes: Sick Leave Code 800, Workers' Compensation 832

- ❖ Employees who leave work to seek medical attention on the day of their injury are not charged sick time.
- ❖ Employees are allotted 1.5 hours of WC time coded 832 for medical appointments, therapy, and diagnostic tests that are a prescribed part of care for the workers' comp injury

Additional Workers' Compensation Benefits

Other benefit may be due to an employee under special circumstance.

Temporary Partial Disability (TPD): These benefits are paid to employee if, when you can work but are making less money because of your injury.

Two thirds (2/3) of your wage loss (the difference between what you make after you injury and what you made before), with a maximum of \$383 per week if your date of accident was on or after July 1, 2016, and a maximum of \$450 per week if your date of accident was on or after July 1, 2019 for a maximum of 350 weeks from the date of accident.

Permanent Partial Disability (PPD): These benefits are paid to employee if, the approved treating physician assigns a disability rating to the employee.

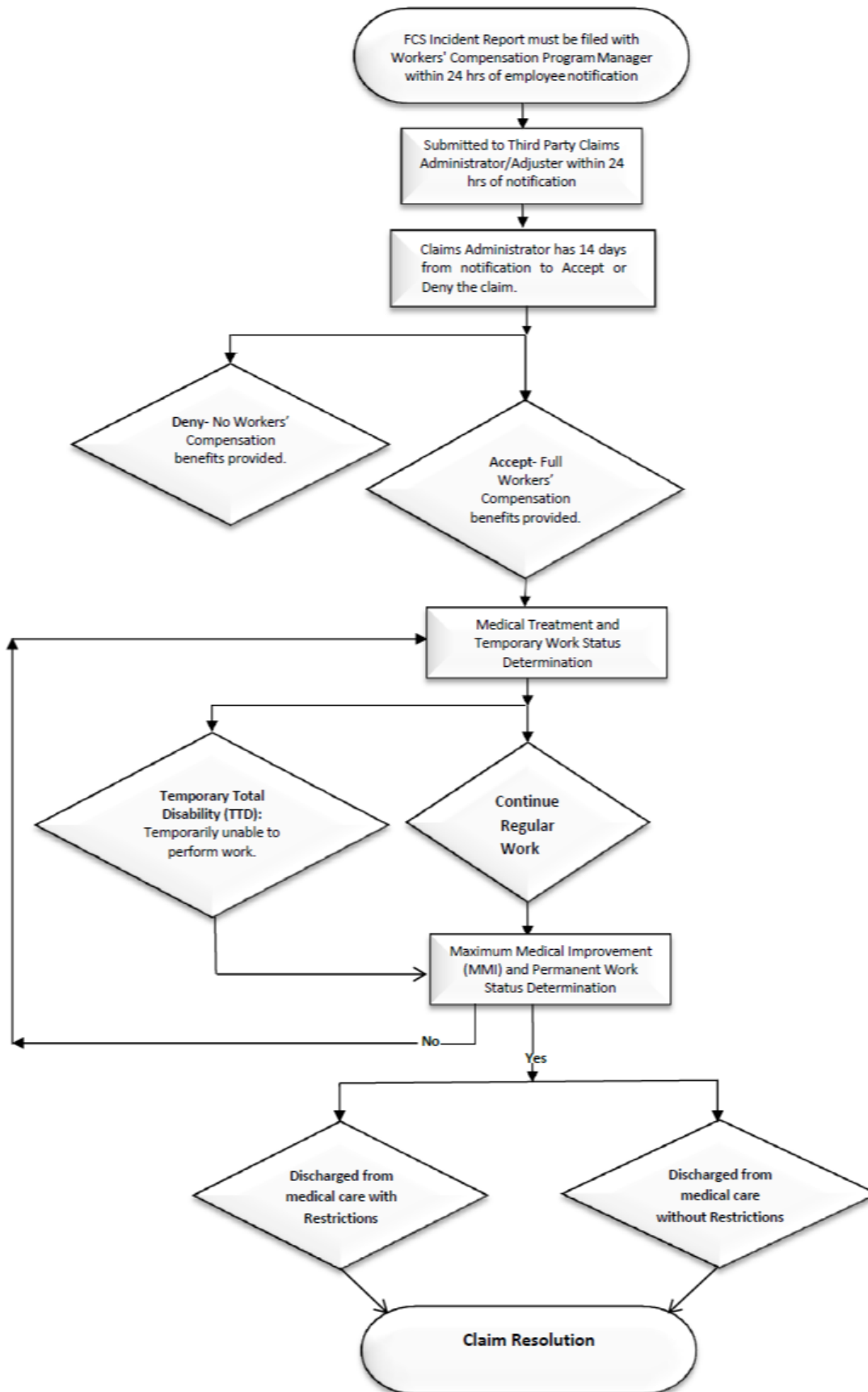
IF YOU LOST A PART OR MEMBER OF YOUR BODY or lose the use of a member (such as arm, finger, eye, etc.), you will first receive benefits described above during disability, and then upon return to work or otherwise becoming ineligible for TTD or TPD benefits, you will receive payment for permanent partial disability for a certain number of weeks, based on the percentage of your loss. Multiply the permanent partial disability (%) by the maximum number of weeks listed below to determine the number of weeks you will receive PPD benefits. For example, for a 15% permanent partial disability to an arm, multiply 15% times 225 weeks. The answer of 33.75 represents the number of weeks you will receive income benefits.

In all cases arising under the Workers' Compensation Law, any percentage of disability or bodily loss ratings shall be based upon Guides to the Evaluation of Permanent Impairment, Fifth Edition, published by the American Medical Association

<u>Bodily Loss</u>	<u>Maximum Weeks</u>
Arm	225
Leg.....	225
Hand	160
Foot.....	135
Thumb	60
Index Finger	40
Middle Finger	35
Ring Finger.....	30
Little Finger	25
Great Toe.....	30
Any toe other than great toe	20
Loss of hearing, traumatic	
One ear	75
Both ears.....	150
Loss of vision of one eye.....	150
Disability to the body as a whole	300

Workers' Compensation Flow Chart of Claims Process Summary

Life of a Workers' Comp Claim



Frequently Asked Workers' Compensation FAQs

WHAT IS WORKERS' COMPENSATION?

Workers' compensation is an accident insurance program paid by your employer which may provide you with medical, rehabilitation and income benefits if you are injured on the job. These benefits are provided to help you return to work. It also provides benefits to your dependents if you die as a result of a job-related injury.

HOW LONG DO I HAVE TO WORK TO BE COVERED UNDER WORKERS' COMPENSATION?

You are covered from the first day on your job.

WHEN SHOULD I REPORT AN ACCIDENT THAT HAPPENED ON THE JOB?

You should report any accident occurring on the job to your employer (boss, foreman, or supervisor) immediately. If you wait longer than 30 days, you may lose your benefits.

WHAT DO I DO ABOUT A DOCTOR?

Your employer is required to post information identifying medical care providers. Traditional Panel of Physicians consisting of a minimum of six doctors. You may choose any one of the six. However, the Board may grant exceptions to the required size of the panel where it is demonstrated that six physicians or groups of physicians are not reasonably accessible. The panel must include one orthopedic physician and not more than two industrial clinics. Where possible a minority physician must be included. You may make one change to another doctor on the list without the permission of your employer.

WHO PAYS FOR THE DOCTOR?

Your company's workers' compensation insurance carrier will pay for your authorized medical treatment if the treatment was for an on-the-job injury.

WHAT MEDICAL TREATMENT WILL BE PAID?

All authorized doctor bills, hospital bills, physical therapy, prescriptions, and necessary travel expenses if the injury or illness was caused by an accident on the job. You may also be entitled to medical and vocational rehabilitation.

WHEN DO I GET MY BENEFITS?

You are entitled to weekly income benefits if you are unable to work for more than 7 days. Your first check should be mailed to you within 21 days after the first day you missed work. If you miss more than 21 consecutive days, you will be paid for the first week.

HOW MUCH WILL MY WEEKLY BENEFITS BE?

You will receive two-thirds of your average weekly wage, but not more than \$675.00 per week for an accident which occurred on or after July 1, 2019.

HOW LONG WILL I RECEIVE WEEKLY BENEFITS?

If your accident occurred on or after July 1, 1992, you are entitled to benefits for up to 400 weeks. If your injury is catastrophic in nature, you may be entitled to lifetime benefits. In certain circumstances, your benefits may be reduced after you have been released to return to work with limitations or restrictions or suspended if you are released to return to work with no limitations or restrictions.

CAN I RECEIVE BENEFITS IF I HAVE LOST THE USE OF A PART OF MY BODY?

Yes. Benefits are based upon the extent of loss of use of a part of your body as determined by the authorized treating physician.

WHAT KIND OF BENEFITS WILL I RECEIVE IF I HAVE A PERMANENT DISABILITY?

You will receive weekly benefits based on the type and extent of your permanent disability. The authorized treating physician determines ratings based upon Guides to the Evaluation of Permanent Impairment fifth edition, published by the American Medical Association.

Additional Workers' Compensation information can be found on the Georgia State Board of Workers' Compensation website link prided below.

<https://sbwc.georgia.gov/>

Student/ Visitor Accident Reporting

An accident report should be completed when a student/visitor experience and accident or an unexpected, serious illness, or 911 was called for medical assistance. If the injured leaves to seek medical care a report should be completed. The report s should be completed no later than 24 hours following the event and to the best of your knowledge. Once the report is complete it should be submitted to a supervisor for review then forward to School Safety and the Workers' Compensation Program Manager. Completed copies may be sent via fax or email:

Finance Department (470)695-7834 / workerscomp@forsyth.k12.ga.us

Completing the form

- ❖ Who did it happen to (collect all demographics identifying student or visitor)?
- ❖ What happen **(describe in detail)**?
- ❖ Was medical care rendered?
- ❖ I identify what the injured/sick was doing at to the time of incident
- ❖ Where did it happen (location)?
- ❖ When did it happen (date and time)?
- ❖ Why did it happen?
- ❖ How did it happen?
- ❖ If incident involves injury identify specific body part
- ❖ Ensure every question on the report is answered and it is signed and dated by a supervisor

Before submitting any forms, ensure that each question is answered with a detailed explanation, and the form has been signed and dated by a supervisor.

The Student/Visitor Accident/Serious Illness form can be found in the Appendix and the Forsyth County School's webpage under Finance & Business/Workers' Compensation. A link to the page is provided below.

[FCS Workers' Compensation](#)

Appendix page 42

Appendix

(Revised July 2022)

Notice Regarding Worker's Compensation Eligibility: The injured employee or his/her immediate supervisor must complete and submit this accident report to the designee of the Principal or Facility Supervisor within **24** hours after the accident; AND the injured employee must see a physician designated as a Forsyth County Board of Education Worker's Compensation physician within **48** hours after the accident, OR if the injury occurred after doctor's hours and the injury requires immediate medical attention, the injured employee must report to the nearest emergency room.

Directions for the Employee and Principal or Facility Supervisor: Retain Original at School/Facility Fax Copy to Finance Office (Fax 470-695-7834) or email workerscomp@forsyth.k12.ga.us

- (1) ALL employee accidents must be reported verbally to the Finance Department (770-887-2461 x 202140/workerscomp@forsyth.k12.ga.us) ASAP by your designee
- (2) Direct the injured employee or his/her immediate supervisor to complete and return this accident report to your designee within **24** hours;
- (3) Take appropriate corrective action designed to prevent or reduce the risk of a similar accident whether with Facilities or Transportation

Information about the Accident

School or Facility Name: _____ Accident Date: _____ Accident Time: _____ AM/PM

Full Name of Person Involved in the Accident: _____

Cell Number of Person Involved in Accident: _____ Email of Person Involved in Accident: _____

When did the supervisor/administrator first have knowledge of the injury? Date: _____ Time: _____ AM/PM

Check all that Apply:

Location of Occurrence: () On Premises () Off Premises () On Approved Route

Job Description: () Teacher/Administrator () Secretary/Clerk () Custodian () Food Service () Maintenance () Bus Driver

() Paraprofessional () Other (Specify Other) _____

Nature of Injury/Illness: (Strain, Laceration, Burn, Fracture, etc.) _____

Part(s) of Body: (Back, Finger, Hand, Foot, etc.) _____ (Shade in body part)

Employee Went () Back to Work () Home () To Panel Doctor () To Hospital () Nurse () Other

If Nurse or Other give details: _____

1. Please describe the accident (be as descriptive as possible including where the accident happened):

2. Have you had prior injury or condition to injured body part(s)? Yes ☐ No ☐ If yes, explain:

3. Did you have any medical conditions before the accident? Yes ☐ No ☐ If yes, explain:

4. Did anyone witness the accident? Yes ☐ No ☐ If yes, give details:

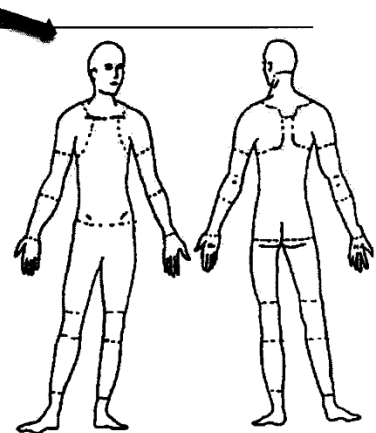
5. What could have been done to prevent the injury?

6. Did you select a doctor from our panel of physicians? Yes ☐ Incident Only ☐ If incident only, state why you do not want to seek treatment:

Employee Signature: _____ Date: _____

Immediate Supervisor Signature (if applicable): _____ Date: _____

Principal or Facility Supervisor Signature: _____ Date: _____



Forsyth County Schools Supervisor/Administrator Report

(Revised July 2019)

To Be Conducted by the School Safety Coordinator or Another Administrator. **Please complete within 72 hours.**

MANAGER REPORT

Injured Employee Name: _____ Date of Injury: _____

Medical: Did the employee receive treatment outside of our posted panel of physicians? Yes ☐ No ☐

If YES, did the employee go to the emergency room? Yes ☐ No ☐

Emergency Room: _____

Why did the employee go to the emergency room?

If NO, where did employee go for medical treatment (we need to know why they did not go to a panel doctor):

Did the employee go alone to seek medical treatment? Yes ☐ No ☐ If NO, who went? _____

Red Flag Analysis (please give an explanation for every box checked) If no Red Flags check here ☐

- ☐ There were conflicting descriptions of what happened.
- ☐ The employee had health concerns that may have contributed to the incident.
- ☐ The employee had a history of injuries
- ☐ The employee had missed days or reported sick prior to the injury
- ☐ The claim was unwitnessed. If No were witness statements obtained? Yes ☐ No ☐
- ☐ The employee has had previous workers' compensation claims.
- ☐ The employee delayed reporting.
- ☐ The Supervisor delayed reporting.
- ☐ The employee works somewhere else.
- ☐ The employee may have been injured away from work.
- ☐ The employee has had a history of disciplinary actions.

How Can Future Accidents Be Prevented? (Mark all that apply)

Employee Training _____ Proper Use of Equipment _____ Improve Task Procedures _____ Improve Work Area _____
Equipment Correction _____ Removal of Hazard _____ Use of Personal Protective Equipment _____ Provide Hazard
Warning _____ Enforce Policy/Rule _____ Other _____ Explain: _____

Name Signature Date

PANEL OF PHYSICIANS

OFFICIAL NOTICE

This business operates under the Georgia Workers' Compensation Law.

WORKERS MUST REPORT ALL ACCIDENTS IMMEDIATELY TO THE EMPLOYER BY ADVISING THE EMPLOYER PERSONALLY, AN AGENT, REPRESENTATIVE, BOSS, SUPERVISOR, OR FOREMAN.

If a worker is injured at work, the employer shall pay medical and rehabilitation expenses within the limits of the law. In some cases the employer will also pay a part of the worker's lost wages.

Work injuries and occupational diseases should be reported in writing whenever possible. The worker may lose the right to receive compensation if an accident is not reported within 30 days (see O.C.G.A. § 34-9-80).

The employer will supply free of charge, upon request, a form for reporting accidents and will also furnish, free of charge, information about workers' compensation. The employer will also furnish to the employee, upon request, copies of board forms on file with the employer pertaining to an employee's claim.

A worker injured on the job must select a doctor from the list below. The minimum panel shall consist of at least six physicians, including an orthopedic surgeon with no more than two physicians from industrial clinics (see O.C.G.A. § 34-9-201). Further, this panel shall include one minority physician, whenever feasible (See Rule 201 for definition of minority physician). The Board may grant exceptions to the required size of the panel where it is demonstrated that more than four physicians are not reasonably accessible. One change to another doctor from the list may be made without permission. Further changes require the permission of the employer or the State Board of Workers' Compensation.

The insurance company providing coverage for this business under the Workers' Compensation Law is:

Insurer Name: FORSYTH COUNTY SCHOOL SYSTEM Phone: 800/421-0710 Fax: 770/963-5754

Address: Administered by: Georgia Administrative Services, Inc. 1775 Spectrum Drive, Suite 100 Lawrenceville, GA 30043

Insurer Email: workerscomp@forsyth.k12.ga.us

Instructions to injured worker: Review the following physician's contact information and select the provider with whom you would like to receive medical treatment.

Physician's Contact Information: Name, Address, Phone, and website listed below:

Peachtree Orthopedics Donald F. Langenbeck, MD (Physical Medicine & Rehabilitation) Spine John Chao, M.D. (Orthopedic Surgery) Foot/Ankle Timothy Griffith, M.D. (Orthopedic Surgery) Upper Extremity/ Knee Neil Tarabackar, MD (Orthopedic Surgery) Hand/Wrist	2880 Ronald Reagan Blvd, Cumming, GA 30041	404.355.0743
The Hand & Upper Extremity Center of Georgia Joshua Ratner (Orthopedic Surgery) Elbow/Wrist/Hand	2000 Howard Farm Dr Suite 310 Cumming, GA 30041	404.255.0226
Reurgens Orthopedics Robert K Yarbrough (Orthopedic Surgery) Hip/Knee	4150 Deputy Bill Cantrell Memorial Rd #300 Cumming, GA 30040	404.531.8484
Academy Orthopedics James W Duckett III, MD (Orthopedic Surgery) Shoulder/ Knee/Hip/Elbow Jesse E. Seidman, MD (Orthopedic Surgery) Shoulder/Arm/ Hand/Hip/Knee/Foot/Ankle	318 Tribble Gap Rd Cumming, GA 30040	770.889.0891
Axion Spine & Neurosurgery Shane Mangrum, MD (Physical Medicine & Rehabilitation) Spine/Shoulder/Knee/Hip	4100 Old Milton Pkwy #101 Alpharetta, GA 30005	470.579.3962
Milan Eye Center (Ophthalmology)	1034 Haw Creek Cir #100 Cumming, GA 30041	678.361.2020
Piedmont Urgent Care by WellStreet (Urgent Care)	2021 Market Pl Blvd Cumming, GA 30041	678.958.8601
Piedmont Urgent Care by WellStreet - Milton Alpharetta (Urgent Care)	13081 GA-9 Milton, GA 30004	770.521.6690
Piedmont Urgent Care by WellStreet - South Forsyth (Telehealth, Urgent Care)	2637 Peachtree Pkwy Suwanee, GA 30024	470.523.9080
Cumming Urgent Care (Urgent Care)	5610 Bethelview Rd 500 a Cumming, GA 30040	678.821.5378

☐ (Additional doctors may be added on a separate sheet)

This box is checked if additional physicians are listed on separate sheet.

FORSYTH COUNTY SCHOOL SYSTEM - - 7/2023

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3618 OR 1-800-533-0682 OR VISIT <https://sbwc.georgia.gov>

Willfully making a false statement for the purpose of obtaining or denying benefits is a crime subject to penalties of up to \$10,000.00 per violation (O.C.G.A. § 34-9-18 and § 34-9-19).

WC-P1 (7/2023)

GEORGIA STATE BOARD OF WORKERS' COMPENSATION**BILL OF RIGHTS FOR THE INJURED WORKER**

As required by law, O.C.G.A. §34-9-81.1, this is a summary of your rights and responsibilities. The Workers' Compensation Law provides you, as a worker in the State of Georgia, with certain rights and responsibilities should you be injured on the job. The Workers' Compensation Law provides you coverage for a work-related injury even if an injury occurs on the first day on the job. In addition to rights, you also have certain responsibilities. Your rights and responsibilities are described below.

Employee's Rights

1. If you are injured on the job, you may receive medical rehabilitation and income benefits. These benefits are provided to help you return to work. Your dependents may also receive benefits if you die as a result of a job-related injury.
2. Your employer is required to post a list of at least six doctors or the name of the certified WC/MCO that provides medical care, unless the Board has granted an exception. You may choose a doctor from the list and make one change to another doctor on the list without the permission of your employer. However, in an emergency, you may get temporary medical care from any doctor until the emergency is over, then you must get treatment from a doctor on the posted list.
3. Your authorized doctor bills, hospital bills, rehabilitation in some cases, physical therapy, prescriptions, and necessary travel expenses will be paid if injury was caused by an accident on the job. All injuries occurring on or before June 30, 2013 shall be entitled to lifetime medical benefits. If your accident occurred on or after July 1, 2013 medical treatment shall be limited to a maximum of 400 weeks from the accident date. If your injury is catastrophic in nature you may be entitled to lifetime medical benefits.
4. You are entitled to weekly income benefits if you have more than seven days of lost time due to an injury. Your first check should be mailed to you within 21 days after the first day you missed work. If you are out more than 21 consecutive days due to your injury, you will be paid for the first week.
5. Accidents are classified as being either catastrophic or non-catastrophic. Catastrophic injuries are those involving amputations, severe paralysis, severe head injuries, severe burns, blindness, or of a nature and severity that prevents the employee from being able to perform his or her prior work and any work available in substantial numbers within the national economy. In catastrophic cases, you are entitled to receive two-thirds of your average weekly wage but not more than \$800 per week for a job-related injury for as long as you are unable to return to work. You also are entitled to receive medical and vocational rehabilitation benefits to help in recovering from your injury. If you need help in this area call the State Board of Workers' Compensation at (404) 656-0849.
6. In all other cases (non-catastrophic), you are entitled to receive two-thirds of your average weekly wage but not more than \$800 per week for a job-related injury. You will receive these weekly benefits as long as you are totally disabled, but no longer than 400 weeks. If you are not working and it is determined that you have been capable of performing work with restrictions for 52 consecutive weeks or 78 aggregate weeks, your weekly income benefits will be reduced to two-thirds of your average weekly wage but no more than \$533.33 per week, not to exceed 350 weeks.
7. When you are able to return to work, but can only get a lower paying job as a result of your injury, you are entitled to a weekly benefit of not more than \$533.33 per week for no longer than 350 weeks.
8. Your dependent(s), in the event you die as a result of an on-the-job accident, will receive burial expenses up to \$7,500 and two-thirds of your average weekly wage, but not more than \$800 per week. A widowed spouse with no children will be paid a maximum of \$320,000. Benefits continue until he/she remarries or openly cohabits with a person of the opposite sex.
9. If you do not receive benefits when due, the insurance carrier/employer must pay a penalty, which will be added to your payments.

Employee's Responsibilities

1. You should follow written rules of safety and other reasonable policies and procedures of the employer.
2. You must report any accident immediately, but not later than 30 days after the accident, to your employer, your employer's representative, your foreman or immediate supervisor. Failure to do so may result in the loss of the benefits.
3. An employee has a continuing obligation to cooperate with medical providers in the course of their treatment for work related injuries. You must accept reasonable medical treatment and rehabilitation services when ordered by the State Board of Workers' Compensation or the Board may suspend your benefits.
4. No compensation shall be allowed for an injury or death due to the employee's willful misconduct.
5. You must notify the insurance carrier/employer of your address when you move to a new location. You should notify the insurance carrier/employer when you are able to return to full-time or part-time work and report the amount of your weekly earnings because you may be entitled to some income benefits even though you have returned to work.
6. A dependent spouse of a deceased employee shall notify the insurance carrier/employer upon change of address or remarriage.
7. You must attempt a job approved by the authorized treating physician even if the pay is lower than the job you had when you were injured. If you do not attempt the job, your benefits may be suspended.
8. If you believe you are due benefits and your insurance carrier/employer denies these benefits, you must file a claim within one year after the date of last authorized medical treatment or within two years of your last payment of weekly benefits or you will lose your right to these benefits.
9. If your dependent(s) do not receive allowable benefit payments, the dependent(s) must file a claim with the State Board of Workers' Compensation within one year after your death or lose the right to these benefits.
10. Any request for reimbursement to you for mileage or other expenses related to medical care must be submitted to the insurance carrier/employer within one year of the date the expense was incurred.
11. If an employee unjustifiably refuses to submit to a drug test following an on-the-job injury, there shall be a presumption that the accident and injury were caused by alcohol or drugs. If the presumption is not overcome by other evidence, any claim for workers' compensation benefits would be denied.
12. You shall be guilty of a misdemeanor and upon conviction shall be punished by a fine of not more than \$10,000.00 or imprisonment, up to 12 months, or both, for making false or misleading statements when claiming benefits. Also, any false statements or false evidence given under oath during the course of any administrative or appellate division hearing is perjury.

The State Board of Workers' Compensation will provide you with information regarding how to file a claim and will answer any other questions regarding your rights under the law. If you are calling in the Atlanta area the telephone number is (404) 656-3818, outside the metro Atlanta area call 1-800-533-0682, or write the State Board of Workers' Compensation at: 270 Peachtree Street, N.W., Atlanta, Georgia 30303-1299 or visit our website: <https://www.sbwcc.georgia.gov>. A lawyer is not needed to file a claim with the Board; however, if you think you need a lawyer and do not have your own personal lawyer, you may contact the Lawyer Referral Service at (404) 521-0777 or 1-800-334-6865.

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT <https://www.sbwcc.georgia.gov>
WILLFULLY MAKING A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING OR DENYING BENEFITS IS A CRIME SUBJECT TO PENALTIES OF UP TO \$10,000.00 PER VIOLATION (O.C.G.A. §34-9-16 AND §34-9-19).

REVISION 07/2023

WC-BILL OF RIGHTS

PANEL DE DOCTORES

AVISO OFICIAL

Esta compañía opera bajo las Leyes de Compensación de Trabajadores de Georgia

LOS TRABAJADORES DEBEN REPORTAR TODOS LOS ACCIDENTES INMEDIATAMENTE AL EMPLEADOR Y AVISAR AL EMPLEADOR PERSONALMENTE, UN AGENTE, REPRESENTANTE, PATRON, SUPERVISOR O CAPATAZ.

Si un trabajador es lesionado en el trabajo el empleador debe pagar gastos médicos y rehabilitación dentro de los límites de la ley. En algunos casos el empleador también pagará una parte de los salarios perdidos de los empleados.

Lesiones de trabajo y enfermedades ocupacionales deben ser reportados por escrito cuando sea posible. El trabajador puede perder el derecho a recibir compensación si un accidente no es reportado dentro de 30 días (referencia O.C.G.A. § 34-9-60).

El empleador ofrecerá sin costo alguno, si es pedido, un formulario para reportar accidentes y también debe suministrar, sin costo alguno, información acerca de compensación de trabajadores. El empleador también debe suministrar al empleado, cuando sea pedido, copias de formularios de la Junta archivados con el empleador pertenecientes a reclamos de los empleados.

Un trabajador lesionado en el trabajo debe seleccionar un doctor de la lista abajo. El panel mínimo debe consistir de por lo menos seis médicos, incluyendo un cirujano ortopédico con no más de dos médicos de clínicas industriales (referencia O.C.G.A. § 34-9-201). Además, este panel debe incluir un médico minoritario, cuando sea posible (vea la regla 201 de definición de médicos minoritarios.) La Junta puede otorgar excepciones al tamaño requerido del panel donde se demuestre que más de cuatro médicos no son razonablemente accesibles. Un cambio de un doctor a otro en la lista se puede hacer fin permiso. Cambios adicionales requieren el permiso del empleador o de la Junta Estatal de Compensación de Trabajadores.

La compañía de seguro que provee cobertura para esta Empresa bajo la ley de Compensación de Trabajadores es:

Nombre de la compañía de seguridad: FORSYTH COUNTY SCHOOL SYSTEM Telefono: 800/421-0710 Fax: 770/963-5754

Dirección: Administered by: Georgia Administrative Services, Inc. 1775 Spectrum Drive, Suite 100 Lawrenceville, GA 30043

Correo electrónico: workerscomp@forsyth.k12.ga.us

Instrucciones para el trabajador lesionado: Por favor de revisar la información de contacto de los siguientes proveedores médicos y seleccionar el proveedor de quien quiere recibir tratamiento médico.

Información de contacto del proveedor médico: Nombre, dirección, teléfono, y sitio web enumerados a continuación abajo:

Peachtree Orthopedics Donald F. Langerbeck, MD (Physical Medicine & Rehabilitation)/Spine	2860 Ronald Reagan Blvd, Cumming, GA 30041	404.355.0743
John Chao, M.D. (Orthopedic Surgery)/Foot/Ankle Timothy Griffith, M.D. (Orthopedic Surgery)/Upper Extremity/Knee Neil Tarabackar, MD (Orthopedic Surgery)/Hand/Wrist		
The Hand & Upper Extremity Center of Georgia Joshua Ratner (Orthopedic Surgery)/Elbow/Wrist/Hand	2000 Howard Farm Dr Suite 310 Cumming, GA 30041	404.255.0226
Reurgens Orthopaedics Robert K Yarborough (Orthopedic Surgery)/Hip/Knee	4150 Deputy Bill Cantrell Memorial Rd #300 Cumming, GA 30040	404.531.8484
Academy Orthopedics James W Duckett III, MD (Orthopedic Surgery)/Shoulder/Knee/ Hip/Elbow Jesse E Seidman, MD (Orthopedic Surgery)/Shoulder/Arm/ Hand/Hip/Knee/Foot/Ankle	318 Tribble Gap Rd Cumming, GA 30040	770.889.0891
Axion Spine & Neurosurgery Shane Mangrum, MD (Physical Medicine & Rehabilitation)/Spine/ Shoulder/Knee/Hip	4100 Old Milton Pkwy #101 Alpharetta, GA 30005	470.579.3962
Milan Eye Center (Ophthalmology)	1034 Haw Creek Cir #100 Cumming, GA 30041	678.381.2020
Piedmont Urgent Care by WellStreet (Urgent Care)	2021 Market Pl Blvd Cumming, GA 30041	678.956.8601
Piedmont Urgent Care by WellStreet - Milton Alpharetta (Urgent Care)	13081 GA-9 Milton, GA 30004	770.521.6890
Piedmont Urgent Care by WellStreet - South Forsyth (Telehealth, Urgent Care)	2637 Peachtree Pkwy Suwanee, GA 30024	470.523.9080
Cumming Urgent Care (Urgent Care)	5610 Bethelview Rd 500 a Cumming, GA 30040	678.821.5376

(Proveedores médicos adicionales se pueden agregar en página adicional)

Este cuadro es marcado si es que proveedores médicos adicionales son enumerados en página adicional.

FORSYTH COUNTY SCHOOL SYSTEM - - 7/2023

SI USTED TIENE PREGUNTAS LLAME AL (404) 656-3818 o 1-800-533-0682 o VISITA SITIO WEB: <https://www.sbwc.georgia.gov>.

HACER FALSOS TESTIMONIOS VOLUNTARIAMENTE CON EL PROPÓSITO DE OBTENER O NEGAR BENEFICIOS ES UN CRIMEN SUJETO A PENALIDADES DE HASTA 10,000.00 POR VIOLACIÓN (O.C.G.A. §34-9-18 Y §34-9-19.)

WC-P1 (7/2023)

JUNTA ESTATAL DE COMPENSACIÓN DE TRABAJADORES DE GEORGIA**DECLARACIÓN DE DERECHOS PARA EL TRABAJADOR LESIONADO**

Según lo requiere la Ley O.C.G.A. §34-9-81.1, esto es un recuento de sus derechos y responsabilidades. La Ley de Compensación de Trabajadores le provee a usted, como trabajador en el Estado de Georgia, ciertos derechos y responsabilidades si usted se lesiona en el trabajo. La Ley de Compensación de Trabajador lo provee a usted con cobertura de lesiones relacionadas con el trabajo aunque su lesión sea en el primer día de trabajo. Además de sus derechos, usted también tiene ciertas responsabilidades. Sus derechos y responsabilidades están descritos abajo.

Derechos de los Empleados

1. Si usted se lesiona en el trabajo, usted puede recibir rehabilitación médica y beneficios de ingresos. Estos beneficios son proveídos para ayudarlo a regresar al trabajo. También sus dependientes pueden recibir beneficios si usted muera como resultado de lesiones recibidas en el trabajo.
2. Se le requiere a su empleador que anuncie una lista de seis doctores o por lo menos el nombre de un WC/ MCO certificado que provee cuidados médicos, al menos que la Junta halla otorgado una excepción. Usted puede escoger un doctor de la lista sin el permiso de su empleador. Sin embargo, en una emergencia, usted puede recibir asistencia médica temporal de cualquier otro médico hasta que la emergencia termine después usted debe recibir tratamiento de los médicos que se anuncian en la lista.
3. Sus cuentas médicas autorizadas, cuentas de hospital, rehabilitación en algunos casos, terapia física, recetas y gastos de transporte serán pagados si la lesión fue ocasionada por un accidente en el trabajo. Todas las lesiones que ocurren en o antes 30 de junio de 2013 se tendrá derecho a beneficios médicos de por vida. Si el accidente ocurrió en o 1 de julio del 2013 el tratamiento médico será limitado a un máximo de 400 semanas a partir de la fecha del accidente. Si su lesión es catastrófica en la naturaleza que puede tener derecho a beneficios médicos de por vida.
4. Usted tiene derecho a recibir beneficios de ingresos semanales si usted ha perdido tiempo por más de siete días debido a una lesión. Su primer cheque debe ser enviado a usted dentro de 21 días, después del primer día que faltó al trabajo. Si esta fuera más de 21 días consecutivos debido a su lesión, se le pagará la primera semana.
5. Los accidentes son clasificados ya sea catastróficos o no catastróficos. Lesiones catastróficas son las que envuelven amputación, parálisis severas, lesiones severas de la cabeza, quemaduras severas, ceguera que prevenga al empleado a que pueda realizar el o ella su trabajo anterior o cualquier otro trabajo disponible en número considerable dentro de la economía nacional. En casos catastróficos usted tiene derecho a recibir un promedio de dos terceras partes de su ingreso semanal pero no más de \$900 por semana por una lesión relacionada con el trabajo durante todo el tiempo que usted no pueda regresar a su trabajo. Usted también tiene derecho a recibir beneficios médicos y de rehabilitación. Si usted necesita ayuda en esta área llame a la Junta Estatal de Compensación de Trabajadores al (404) 656-0849.
6. En todos los otros casos (no catastróficos) usted tiene el derecho a recibir dos terceras partes de su sueldo promedio semanal pero no más de \$900 por semana de una lesión relacionada de trabajo, usted recibirá estos beneficios mientras usted este incapacitado. Pero no más de 400 semanas si no esta trabajando y se determina que usted esta capacitado a desempeñar con restricción por 52 semanas consecutivas o 78 semanas agregadas sus ingresos semanales serán reducidos a dos terceras partes de su sueldo promedio pero no más de \$533.33 por semana, que no excedan 350 semanas.
7. Cuando usted pueda regresar a trabajar pero solo pueda conseguir empleo de salario bajo como resultado de su lesión usted tiene derecho a un beneficio semanal de no mas de \$533.33 por semana pero no más de 350 semanas.
8. En caso de que usted muera como resultado de un accidente en el trabajo, su dependiente (s) recibirán para gastos de entierro \$7,500 y dos terceras partes de su sueldo promedio semanal, pero no más de \$800 por semana. Una esposa viuda sin niños se le pagará un máximo de \$320,000 en beneficios continuos hasta que EL/ELLA se vuelva a casar o abiertamente cohabite con una persona del sexo opuesto.
9. Si usted no recibe beneficios cuando sea debido, la compañía de seguro/empleador debe de pagar penalidades, que se agregaran a sus pagos.

Responsabilidades de los Empleados

1. Usted debe de seguir las reglas escritas de seguridad y otras pólizas razonables y procedimientos del empleador.
2. Usted debe reportar cualquier accidente inmediatamente, pero no más tarde de 30 días después del accidente, a su empleador, los representantes del empleador, su capataz o supervisor inmediato. Fallar en hacerlo puede resultar en la pérdida de sus beneficios.
3. Un empleado tiene la continua obligación de cooperar con proveedores médicos en el curso de su tratamiento relacionado con lesiones de trabajo. Usted debe aceptar tratamientos médicos razonables y servicios de rehabilitación cuando sean ordenados por la Junta Estatal de Compensación de Trabajadores o la Junta puede suspender sus beneficios.
4. No se permitirá compensación por una lesión o muerte debido a una conducta mal intencionada de los empleados.
5. Debe de notificar a la compañía de seguro/empleador de su dirección cuando se muda a un nuevo lugar. Usted debe notificar a la compañía de seguro/empleador cuando usted haya regresado a trabajar de tiempo completo o medio tiempo y reportar la cantidad de su salario semanal porque usted puede tener derecho a algún beneficio de ingreso aun así haya regresado al trabajo.
6. Una esposa dependiente de un empleado difunto debe notificar a la compañía de seguro/ empleador de cambios de dirección o nuevo matrimonio.
7. Usted debe intentar un trabajo aprobado por su medico autorizado aunque el pago sea mas bajo que en el trabajo que usted tenia cuando se lesionó, si usted no intenta el trabajo sus beneficios pueden ser suspendidos.
8. Si usted cree que debe recibir beneficios y su compañía de seguros/empleador niega estos beneficios. Usted debe de hacer un reclamo dentro de un año después del ultimo tratamiento medico o dentro de dos años de su último pago de beneficios semanales o usted perderá sus derechos a estos beneficios.
9. Si su (s) dependiente (s) no reciben beneficio de pagos permitidos. El dependiente debe hacer un reclamo con la Junta Estatal de Compensación de Trabajadores dentro de un año después de su muerte o perderán los derechos a estos beneficios.
10. Algún pedido de reembolso a usted por millas o otros gastos relacionados con tratamiento medico debe ser sometidos a la compañía de seguros/empleador dentro de un año del día que los gastos fueron incurridos.
11. Si un empleado injustificadamente rehúsa a someterse a una prueba de droga después de una lesión en el trabajo habrá una presunción de que el accidente y lesión fueran causados por drogas o alcohol. Si la presunción no se sobrepone por otras evidencias, algún reclamo hecho para beneficios de compensación de Trabajador serán negados.
12. Usted será culpable de un delito menor y una vez convicto debe ser castigado con una multa de no más de \$10,000.00 o encarcelamiento de hasta 12 meses o las dos, por hacer declaraciones falsas o engañosos testimonios cuando reclame beneficios. También cualquier declaración falsa o evidencia falsa dadas bajo juramento durante el curso de alguna audiencia de división de apelación o administración es perjurio.

La Junta de Compensación de Trabajadores le proporcionará la información relativa a la manera de presentar una reclamación y responderá a cualquier preguntas adicionales sobre sus derechos en virtud de la ley. Si usted llama en la zona de Atlanta, el teléfono es el (404) 656-3818 y fuera de la zona metropolitana de Atlanta, llame al 1-800-533-0682, o escriba a la Junta Estatal de Compensación de Trabajadores a 270 Peachtree Street, NW, Atlanta, Georgia 30303-1299 o visita sitio web: <https://www.sbwc.georgia.gov>. No es necesario tener un abogado para presentar una reclamación a la Junta; sin embargo, si usted cree que necesita los servicios de un abogado y no tiene uno propio, usted puede ponerse en contacto con el Servicio de Referencia de Abogados (Lawyers Referral Service) al teléfono (404) 521-0777 o al 1-800-334-6865.

SI USTED TIENE PREGUNTAS LLAME AL 404-656-3818 O 1-800-533-0682 O VISITA SITIO WEB <https://www.sbwc.georgia.gov>

CUALQUIER DECLARACIÓN FALSA Y DELIBERADA PARA OBTENER O NEGAR BENEFICIOS ES UNA OFENSA CRIMINAL Y ES SUJETO A PENALIDADES DE HASTA \$10,000 POR CADA VIOLACIÓN (O.C.G.A. §34-9-18 Y §34-9-19).

REVISIÓN 07/2023

WC-BILL OF RIGHTS

GEORGIA STATE BOARD OF WORKERS' COMPENSATION**AUTHORIZATION AND CONSENT TO RELEASE MEDICAL INFORMATION**

Instructions: This form shall not be filed with the Board, unless otherwise requested

TO:		
Print Name and Title		
Address		
City	State	Zip Code

RE: Employee / Patient		
Last Name	First Name	M.I.
SSN	Date of Injury	Birthdate

This document authorizes the release of only the medical information as provided below. The above-stated entity, facility or medical practitioner is authorized to release medical information to Georgia Administrative Services, Inc./Forsyth County Schools in accordance with applicable State and Federal laws.

The information covered by this Authorization and Consent to Release is that authorized by O.C.G.A. §34-9-207 which reads as follows:

(a) When an employee has submitted a claim for workers' compensation benefits or is receiving payment of weekly income benefits or the employer has paid any medical expenses, that employee shall be deemed to have waived any privilege or confidentiality concerning any communications related to the claim or history or treatment of injury arising from the incident that the employee has had with any physician, including, but not limited to, communications with psychiatrists or psychologist. This waiver shall apply to the employee's medical history with respect to any condition or complaint reasonably related to the condition for which such employee claims compensation. Notwithstanding any other provision of law to the contrary, when requested by the employer, any physician who has examined, treated, or tested the employee or consulted about the employee shall provide within a reasonable time and for a reasonable charge all information and records related to an examination, treatment, testing, or consultation concerning the employee.

(b) When an employee has submitted a claim for workers' compensation benefits or is receiving payment of weekly income benefits or the employer has paid any medical expenses, the employee, upon request, shall provide the employer with a signed release for medical records and information related to the claim or history or treatment of injury arising from the incident, including information related to the treatment for any mental condition or drug or alcohol abuse and to such employee's medical history with respect to any condition or complaint reasonably related to the condition for which such employee claims compensation. Said release shall designate the provider to whom the release is directed. If a hearing is pending, any release shall expire on the date of the hearing.

(c) If the employee refuses to provide a signed release for medical information as required by this Code section and, in the opinion of the Board, the refusal was not justified under the terms of this Code section, then such employee shall not be entitled to any compensation at any time during the continuance of such refusal or to a hearing on the issues of compensability arising from the claim.

Federal regulations (42 CFR Part 2), and the Health Insurance Portability and Accountability Act (HIPAA) of 1996 45 CFR 164.512(1) which reads as follows: "The covered entity may disclose protected health information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs, established by law, that provide benefits for work-related illnesses or injury without regard to fault." Anyone who receives information under this authorization receives the same under all limitations set forth in Federal and State law regarding further dissemination of such information.

This release shall expire in 180 days or upon written notice of revocation by the patient. If a hearing is pending, this release shall remain in effect until the hearing and shall expire on the date the hearing is held.

Employee / Patient Signature	Date
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IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT <http://www.sbwcc.georgia.gov>
 WILLFULLY MAKING A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING OR DENYING BENEFITS IS A CRIME SUBJECT TO PENALTIES OF UP TO \$10,000.00 PER VIOLATION (O.C.G.A. §34-9-18 AND §34-9-19).



Refusal of Medical Treatment or Observation

Forsyth County Schools Workers' Compensation

Employee Name: _____

Date of Injury: _____ Time of Injury: _____

Date Reported: _____ Location of Incident: _____

Supervisor(s): _____

Witness(es): _____

I, _____, hereby acknowledge that my supervisor(s) has offered and made available to me an opportunity to seek necessary medical treatment and/or observation at the expense of my employer, Forsyth County Schools (FCS), for the work-related injury I incurred on _____ (Date). I am voluntarily choosing to decline medical treatment and/or observation at this time.

I understand that I may request from my employer, at a later time, authorization to obtain medical treatment and/or observation for the injury described above. However, I understand that my refusal of medical treatment and/or observation today may impact my eligibility for workers' compensation benefits related to the injury described above. If I do decide at a later time to seek medical treatment, I understand that I must let FCS know and if treatment is authorized I must treat from a physician located on our posted panel of physicians.

Employee Signature

Date

Witness

Date

Two signatures are required

The penalty for committing fraud is up to \$10,000 and 1 year in prison.

Edition date 7/1/19

GEORGIA ADMINISTRATIVE SERVICES
1775 Spectrum Drive Suite 100 Lawrenceville, GA 30043
WORKERS' COMPENSATION – MILEAGE CLAIM

NAME: _____

EMPLOYER NAME: _____

HOME ADDRESS: _____

GAS CLAIM #: _____

HOME PHONE #: _____

DATE OF INJURY: _____

DATE	List trip taken below: (examples -- <i>Home to (name)</i> <i>Hospital; Home to Dr. (name) and return home; Office to Dr.</i> <i>(name) and return home, etc)</i>	Odometer reading start	Odometer reading end	Total mileage (round trip)

TOTAL MILEAGE _____

TOTAL MILEAGE TIME .45 EACH \$ _____

I certify that the above information furnished by me is true and correct and based on such information, I hereby claim pay for the mileage indicated.

Signature

Date

STUDENT / VISITOR ACCIDENT / SERIOUS ILLNESS REPORT

(Revised November 2021)

Directions to Principal and his/her Designee: (1) Ask a responsible adult to immediately notify the School Safety Department (770-888-3466) if emergency medical, police or fire services are called; (2) Ask the adult(s) with the most knowledge about the accident or illness to complete and return this accident/serious illness report; (3) If this type accident or unexpected illness is serious or re-occurring, direct the school safety coordinator or another administrator to determine the cause of the accident and submit the investigation report; (4) Keep original copy of the report(s) in the school file, fax a copy to the Finance Department (470-695-7834) or email the report to workerscomp@forsyth.k12.ga.us and (5) Take appropriate action designed to minimize the risk of a re-occurrence.

Directions to the Adult Completing this Report: If a student under your supervision or a visitor attending a class or event under your direction experiences an accident or an unexpected, serious illness, please complete this accident/illness report to the best of your knowledge and submit it to the principal's designee as soon as possible, but no later than 24 hours after event.

1. Check One: ☐ Student ☐ Visitor
2. School or Site Name: _____ Date of Accident _____ Time of Accident: _____ AM/PM
3. Injured Name: _____ Age: _____ Parents called? _____ By Whom? _____
4. Home Address: _____
5. Home Phone: _____ Work Phone: _____ Other Phone: _____
6. (To be completed by who provided care) First Aid Given? _____ By Whom? _____
Describe Treatment: _____
7. Does the student have School Accident Insurance? _____ Was 911 called? _____ By Whom? _____
Which service(s) responded? _____
Did injured leave site after accident? _____ How? _____ Time: _____ Destination? _____
Did injured return to school the same day? _____ How? _____ Time: _____
8. What was injured doing at time of accident? _____

Teacher or Supervising Adult Present? _____ Name adults who witnessed accident: _____
Name other persons that witnessed accident _____
9. Where did the accident occur? _____ What happened? _____

10. What was the cause of the accident?

11. Nature of injury (possible strain, fracture, laceration, burn, etc.):

12. Part of body (Back, finger, hand, foot, etc.)

13. Name of person completing this form: _____ Date: _____
14. Site Administrator's Signature: _____ Date: _____
15. Additional Signatures: _____ Date: _____

Retain Original at School/Facility Fax Copy to Finance Office (Fax 470-695-7834) or email to: workerscomp@forsyth.k12.ga.us