



*Each Child, Every Day*

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TO: All Locations  
FROM: Susan Carver, Coordinator of Risk Management  
RE: Workers' Compensation First Report of Injury or Illness

The following is a summary of procedures for submitting a First Report of Injury or Illness. It is imperative that these procedures are followed correctly. All forms must be complete when submitted to the Risk Management Office.

A First Report of Injury or Illness should be completed for ALL injuries. The completed form should be sent to Risk Management as soon as possible. A copy of the form must be faxed to Risk Management immediately. **Untimely filing could result in a fine by the Division of Workers' Compensation.**

Give a detailed description of the accident, injury, or illness in the *"Employee's Description of Accident"* section on the form. Attach another sheet if necessary.

Make a list of any witnesses to the accident and ask the witnesses to write and sign a statement. All information should be attached to the First Report of Injury or Illness report.

The Supervisor signing the report must complete the section *"Agree with Description of Accident."* If the Supervisor agrees, they check "Yes." If they do not agree. They must check "No." If they are unaware of the accident, please enter "Have no knowledge of this accident."

If the injured employee requests medical treatment, fill in that section with the name, address, and telephone number of the provider selected from the list of authorized initial treatment facilities. A copy of the list is attached. If the employee does not request medical treatment, please indicate "No medical treatment requested at this time."

The employee should be given the (pink) Employee Copy of the First Report of Injury or Illness. The (white) Carrier Copy and (yellow) Employer Copy must be sent to Risk Management. The school/work location will need to make a photocopy for their records. If for some reason the injured employee is not able to sign the First Report of Injury or Illness, enter *"unavailable for signature"* and submit the form.

Medical treatment must be obtained from an authorized provider. The injured employee must take his/her copy of the First Report of Injury or Illness form to the authorized provider or treatment may be denied. If the employee obtains unauthorized medical treatment, the charges will be his/her responsibility. When an injured employee requests medical treatment, they should be given the pharmacy form as well as the First Report of Injury or Illness form.



**IN EMERGENCIES, THE EMPLOYEE IS TO BE SENT TO THE NEAREST HOSPITAL EMERGENCY ROOM; LAWNWOOD REGIONAL MEDICAL CENTER OR ST. LUCIE MEDICAL CENTER.**

If the injured employee receives medical treatment, he/she must submit a Work Status document from the authorized treating physician, even if released to return to work immediately. Send all Work Status documents to Risk Management.

If the injured employee submits a Work Status document indicating he/she is not able to return to regular full duty, please notify Risk Management. If the work status includes physical restrictions or modified duty requirements, the employee will be assigned to Light Duty. If the work status indicates the injured employee is unable to return to work (regular or light duty), he/she will need to enter a request for Workers' Comp Leave in Skyward.

When an injured employee returns to work, he/she **must have** a Return to Work document from the authorized treating physician indicating he or she has been released to return to regular full duty. All Return to Work documents must be sent to Risk Management.

If the injured employee does not miss any work, please be sure to check the "Yes" box in the "*Returned to Work*" section of the First Report of Injury or Illness form and **fill in the date**.

A completed SAMPLE form is attached for your reference.

If you have any questions, please contact the Risk Management Department at 772-429-5525.