



**Worker’s Compensation Injury Checklist**

I \_\_\_\_\_ (print name) have sustained a potential Worker’s Compensation related injury. By initialing the following, and signing below, I am acknowledging that I have read and understand how to proceed with my Worker’s Compensation claim.

\_\_\_\_\_ (initials) I have read the [Safety Handbook](#), and signed and returned the Flowchart and Acknowledgement Form to Human Resource Services.

\_\_\_\_\_ (initials) If I do not require immediate medical attention, I understand I must fill out [Accident/Loss/Safety Hazard Report](#), and return it to my supervisor and the Office of Administrative Services.

\_\_\_\_\_ (initials) If I do require immediate medical attention, I understand that I must notify my department’s administrative assistant, or supervisor for completion of the [First Report of Injury](#) immediately following my first medical appointment. This will be returned to Human Resource Services upon completion.

\_\_\_\_\_ (initials) Should I need a prescription following my first doctor’s appointment, I understand that to receive the prescription free of charge, the OPTUM First Fill Information Sheet must be given to me by Human Resource Services prior to obtaining said prescription.

\_\_\_\_\_ (initials) When seeking medical treatment, if the injury is not life-threatening, I understand that I must be seen at Lewis-Clark State College's preferred Worker’s Compensation provider, Valley Medical Center, located at 2315 8th St., Lewiston, ID 83501.

\_\_\_\_\_ (initials) I understand I am to provide my supervisor, **and** Human Resource Services, a work status form **immediately following each appointment** related to my industrial injury.

Employee’s Signature \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor’s Signature \_\_\_\_\_ Date: \_\_\_\_\_