

**SAN MARCOS UNIFIED SCHOOL DISTRICT
INJURED WORKER INFORMATION SHEET**

Please call the Risk Management Coordinator any time you have questions, concerns, or problems regarding your industrial injury at (760) 290-2360.

The District is committed to providing legitimately injured workers with excellent medical treatment, support with temporary modified duty during the course of treatment, and assistance from the District Risk

You are expected to fully cooperate with the Risk Management Office, the treating doctor and therapist to ensure your swift recovery and return to work.

Contact your supervisor for authorization to obtain medical care for your industrial injury **prior** to seeking medical treatment. The district will not be responsible for any self-procured medical treatment. **Contact the Risk Management Office at (760) 290-2360 immediately following your medical treatment.** *Note: your personal health insurance will not cover treatment for industrial injury or illness.* **IT IS EXPECTED THAT YOU WILL COMPLY WITH ALL REASONABLE DIRECTIONS AND RECOMMENDATIONS OF THE TREATING PHYSICIAN AT ALL TIMES.**

Any cancellations or rescheduling of appointments must be authorized by the SMUSD Risk Management Office at (760) 290-2360

It is important to maintain continuity of care in order to ensure the best medical treatment, timely recovery, and return to work. **It is expected that you will keep and attend all appointments as scheduled by the treating physician, therapists, and other diagnostic facilities until you are completely discharged from the treating doctor's care.**

Medical Appointments: You are expected to go to work first (time permitting), be on time, and return back to work in a timely manner after any appointment that occurs during regular work time that is related to your industrial injury, even if a substitute has been dispatched.

When possible you are expected to schedule planned medical appointments so as to minimize the disruption of workflow. The district understands that sometimes the availability of appointments can be limited. Therefore, you are provided with 30 minutes of travel time to, 30 minutes of travel time from and the time it takes to complete the medical appointment. Any time utilized outside of travel and medical appointment time will be subtracted from your accrued vacation or sick time balances. In accordance to District policy and or in conjunction with the union contract.

Work status/slip must be submitted to the Risk Management Office at (760) 290-2360 before you return to work after each visit. You must also call your Office Manager or Supervisor to report work status.

This enables us to ensure any needed restrictions or job modifications are initiated or updated; preventing unnecessary delays or misunderstandings about what you can and cannot do.

Any evidence of misrepresentation, suspicion of fraud, or abuse of workers' compensation benefits will be thoroughly investigated and prosecuted.

It is important that you be truthful about your accident and injury/illness at all times. Misrepresentations made to the doctor, employer or others that result in a continuation of or additional benefits may constitute fraud. It is the district's intention to prosecute violators to the fullest extent permitted by law.

If you are declared temporary totally disabled (TTD) or given work restrictions by the treating doctor it is imperative and expected that you will comply at all times at work and away from work. Temporary totally disabled (TTD) means the doctor has determined you are totally disabled and unable to perform any work including modified duty. This means you are essentially bedridden and you should limit your activity to attending your doctor and physical therapy appointments until the doctor lifts your temporary total disability (TTD) status. If you have physical restrictions, in order to gain maximum medical benefit, it is expected that you will comply 24 hours a day, not just at work.

My signature below verifies that I have received a copy of this document. I further understand that it is my responsibility to make myself familiar and to comply with the district's procedures outlined in this Injured Worker Information Sheet. I understand failure to comply with the above procedures may lead to disciplinary action.

Employee Name (Please Print)

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Employee Signature

Date