

Caswell County Schools

Employee's Statement of Injury or Incident (circle one)

Scan to Teresa.Myers@caswell.k12.nc.us and/or fax 336-694-5154

Name Today's Date Date of Injury

SS# (Last 4 digits) Date of Birth

Home Address (Mailing Address) (City) (State) (Zip Code)

Phone Number Job Title

Time you began work on date of accident am / pm Time of Injury am / pm

Location / Site of Injury

Was Safety Equipment Provided Yes / No (If yes, list)

Was Safety Equipment used Yes / No (If no, why)

Must... describe fully how injury occurred and what you were doing when injured. (example: when, how, where accident occurred...specific details)

Must... list all injuries and specific body part(s) involved: (example: right, left finger, toe etc.)

If additional space is needed to describe how injury occurred and injuries received, please attach on a separate sheet of paper.

IF MEDICAL TREATMENT IS NECESSARY, YOU MUST SEEK TREATMENT AT CASWELL FAMILY MEDICAL CENTER, 439 US-158 YANCEYVILLE OR AFTER HOURS LOCAL EMERGENCY ROOM.

\*\*You may not change doctors unless the last treating physician refers you to another doctor, which must be approved through the Workers' Compensation Office. You may not go to your family physician. \*\*

Waiting Period - No compensation shall be paid for the first seven days of disability unless the disability continues for 21 days. (Sick leave may be used for the first seven days) (NC Industrial Commission rule)

Use of Leave - If you lose time from work, you may choose one of the following:

- Elect to take sick leave during the required waiting period and then go on Workers' Compensation leave and begin drawing Workers' Compensation weekly benefits. (NC Industrial Commission rule)
Elect to go on Workers' Compensation leave with no pay for the required waiting period and then begin drawing Workers' Compensation weekly benefits. (NC Industrial Commission rule)

Workers' Compensation Rate - sixty-six and two thirds of your average weekly wage during the 52 weeks prior to the date of the injury not to exceed the maximum established by the NC Industrial Commission.

Prescription Drugs - All prescription drugs are to be filled at North Village Pharmacy, 1493 Main St. Yanceyville, NC 27379 or an approved network pharmacy with myMatrixx. See attached myMatrixx prescription authorization form for additional information.

I have read the above outlined information and understand the rules set out to be followed in the handling of my claim.

Employee Signature Date

Signature of Principal, Director, or Supervisor Date