

Corning Union High School District
643 Blackburn Ave, Corning CA 96021

REPORT OF INJURY / TREATMENT REFERRAL FORM

Instructions: (1) Employee completes EMPLOYEE SECTION (2) Supervisor completes SUPERVISOR SECTION.

If no medical treatment is needed: Send original completed form to the District Office, ATTN: Cassie Riddle HR Coordinator.

If employee needs medical treatment: Make certain the employee and supervisor section of the form is completed, then supervisor/injured employee immediately calls Compan Nurse injury hotline. See "Medical Referral" section for additional information.

EMPLOYEE SECTION:

Employee Name: _____	Soc Sec #: _____
Address: _____	Date of Birth: _____
City, State, Zip: _____	Date & Time of Injury: _____ AM / PM <div style="text-align: center; font-size: small;">DATE TIME</div>
Type of Injury: _____	Part of body affected: _____
Location/Address where occurred: _____ Dept/Area: _____	
How did injury/illness occur, describe sequence of events: _____ _____ _____	
Medical treatment needed: YES / NO If DECLINING medical treatment initial here: <input style="width: 50px; height: 20px;" type="text"/>	

SUPERVISOR SECTION:

Date/Time notified of injury: _____ Employee referred to Company Nurse: YES / NO

MEDICAL REFERRAL INSTRUCTIONS

Supervisor/Injured worker immediately calls injury hotline: **1-877-518-6702**

Employer Name: CORNING UNION HIGH SCHOOL DISTRICT Search Code: NVS23

IN CASE OF LIFE-OR LIMB-THREATENING INJURY, DIAL 9-1-1
EN CASO DE UNA HERIDA QUE AMENAZA LA VIDA O UN MIEMBRO DEL CUERPO LLAMAR 9-1-1

Instructions for Medical Provider

Mark one of the two treatment options below then fax this form to the employer contact below.

<input type="checkbox"/> First Aid:	One-time or any follow up visit for the purpose of observation of minor scratches, cuts, burns, splinters, and so forth. Does not ordinarily require medical care.
<input type="checkbox"/> Reportable Claim:	Any medical treatment beyond the First Aid guidelines
<div style="font-size: small;">1) Call Cassie Riddle, HR Coordinator (employer contact) immediately to discuss availability of modified duty if the employee has any injury-related physical restrictions that may affect the employee's ability to return to full duty.</div> <div style="font-size: small;">2) If this is a reportable claim, send the completed Doctor's First Report (5021), all medical bills and corresponding reports to Keenan & Associates at the address listed below.</div> <div style="font-size: small;">3) Contact Keenan & Associates immediately if any of the following apply:<ul style="list-style-type: none">• Questionable Injury• Consultation Request• Diagnostic Imaging Request• Surgery/Hospitalization Request</div>	

Information for Medical Provider

Employer:

Corning Union High SD
643 Blackburn Ave
Corning, CA 96021
Employer Contact: Cassie Riddle
Email: criddle@corninghs.org
(P) 530-824-8001 ext. 111
(F) 530-824-8005

Workers' Compensation Administrator:

Keenan and Associates
P.O. Box 1538
Rancho Cordova, CA 95670
Claims Examiner: Richandra Jordon
Email: rjordon@keenan.com
(P) 916-859-7160 Ext. 81187
(F) 916-859-7166