CORRY AREA SCHOOL DISTRICT

WORK RELATED INCIDENT REPORT

EMPLOYER'S NAME: CORRY AREA SCHOOL DISTRICT		**TAX ID:** 25-1215002	**POLICY** #Q91-5103060
EMPLOYER'S ADDRESS: 540 E PLEASANT ST CORRY PA 16407			**COUNTY:** ERIE
REPORT FILED BY:		**PHONE:** **1-814-664-4677**	**X**

SECTION I: EMPLOYEE INFORMATION

LAST NAME:		**FIRST NAME:**		**MI:**
HOME ADDRESS:			**# OF DEPENDENTS:**	
CITY:	**STATE:**	**ZIP:**	**COUNTY:**	
HOME PHONE:	**GENDER:** **M** **F**		**MARITAL STATUS:**	
SS #:	**DATE OF BIRTH:**		**DATE OF HIRE:**	
JOB TITLE:	**HOURS/WEEK WORKED:**		**TIME SHIFT STARTS:**	
WORKS: Part-time Full-time	**WAGE INFORMATION:** **$**		Hourly Bi-Weekly (circle one)	

SECTION II: INCIDENT INFORMATION

DATE OF INCIDENT:	**TIME OF INCIDENT:**	**INJURED BODY PART:**	
LOCATION OF INCIDENT (Building Name ie., CAIS, CAPS MHS)**:**			
LOCATION ADDRESS:		**TYPE OF INJURY** (cut, sprain, etc.)**:**	
CITY:	**STATE:**	**ZIP:**	**COUNTY:**
CAUSE OF INJURY (machine, tool, etc.)**:**			
DATE REPORTED:	**TO WHOM REPORTED:**		
WAS THERE A WITNESS? Y N	**NAME(S) OF WITNESS(ES):**		

DESCRIPTION OF INCIDENT (describe in detail what happened): _____

SECTION III: TREATMENT

_____ No Medical Treatment

_____ Minor on-site remedies by Employer Medical Staff

_____ Sent Home

_____ Returned to work with Modified Duties

Note Modifications: _____

_____ Medical Treatment Sought

Provide all dates absent from work for medical treatment due to this incident:

_____

_____

EMPLOYEE & SUPERVISOR SIGNATURES ARE REQUIRED ON PAGE 2

SECTION IV: MEDICAL AUTHORIZATION - EMPLOYEE SIGNATURE REQUIRED

I, the undersigned, hereby authorize any medical care provider who has treated me, or any hospital to which I have been admitted, to furnish to any authroized representative of Erie Insurance Group, any and all information which may be requested regarding my physical condition, treatment or disease, and if necessary to allow them or any physician appointed by them to review any X-rays or records regarding my physical condition or treatment.

Employee's Signature: _____ Date: _____

SECTION V: SIGNATURES REQUIRED

I have received the panel of physicans and understand that if I need to seek treatment for this incident, I am to use a phsycian from that panel.

Employee's Signature: _____ Date: _____

I am aware of and have reviewed this work related incident.

Supervisor's Signature: _____ Date: _____

SECTION VI: MEDICAL TREATMENT BY PANEL PHYSICIAN

If medical treatment is sought, please send a COPY of this report to the Admin office. Take the original form to your appointment with the panel approved physician to complete this section. Then turn in the original to Admin Office.

TYPE OF INJURY: _____

TREATMENT/FIRST AID DIAGNOSIS: _____

DISPOSITION: _____

_____ **Return to work without limitations**

_____ **Return to work with limitations:** Note limitations: _____

_____

RETURN TO WORK ON: _____ **FOLLOW-UP APPOINTMENT ON:** _____

Name of Panel Physician seen (Please Print): _____

Signature of Panel Physician: _____ Date: _____

*****ALL INCIDENTS ARE TO BE REPORTED*****

1. In life threatening situations, immediately seek medical attention, then complete this form.
2. Report incident as soon as possible to your supervisor.
3. Complete this form and turn into your supervisor.
4. Completed forms, signed off by supervisor, are to be sent to the Business Manager in the Administration Office.
5. If seeking medical attention, please be sure to see a panel physician.

CASD Worker's Compensation insurance company is:
Erie Insurance
100 Erie Insurance Place
Erie PA 16530
Phone: 1-855-492-3665 Fax: 1-855-792-3665

FOR BUSINESS MANAGER ONLY

Investigation Notes:

Investigating Officer's Signature: Date:

Business Manager's Signature: Date:

Corry Area School District

NOTICE TO EMPLOYEES IN CASE OF WORK-RELATED INJURIES

Erie Insurance Group
2200 W. Broad St.
P.O. Box 4286
Bethlehem, PA 18018
1-800-322-9026

1. If you suffer a work-related injury, your employer or its insurance company must pay for reasonable surgical and medical services and supplies, orthopedic appliances and prosthesis, including training in their use.
2. In order to ensure that your medical treatment will be paid for by your employer or the insurance company, you must select from one of the following health care providers:
3. You must continue to visit one of the physicians listed below, if you need treatment, for ninety (90) days from the date of your first visit.
4. If one of the persons below refers you to another licensed specialist, your employer or their insurer will pay the bill for these services.
5. After this ninety- (90) day period, if you still need treatment and your employer has provided a list as set forth below, you may choose to go to another health care provider for treatment. You should notify your employer of this action within five days of your visit to said provider.
6. If a physician on the list prescribes invasive surgery, you may obtain a second opinion from any physician of your choice. If the second opinion is different than the listed physician's opinion, you may determine which course of treatment to follow; however, the second opinion must contain a specific and detailed treatment plan. If you choose the second opinion, the procedures in that opinion must be performed by one of the physicians on the list for the first ninety- (90) days. Therefore, in this situation, the employee may be required to treat with an employer-designated provider for up to 180 days.
7. If you are faced with a medical emergency, you may secure assistance from a hospital, physician, or health care provider of your choice for your work-related injury. However, when the emergency is resolved, you must seek treatment from a provider on the following list.

Name	Address	Scheduling	Area Of Specialty
Concentra Medical Center	3010 West Lake Road Erie, Pa 16505	814-833-2385	Occupational Medicine
Corry Memorial Hospital Rural Health Clinic	965 Shamrock Lane Corry, PA 16407	814-664-3979	Family Practice/Orthopedics
Blaney Vision	420 North Center Street Corry, PA 16407	814-664-8676	Ophthalmology
Goldberg, Jason L	965 Shamrock Lane Corry, PA 16407	814-664-4641	Internal Medicine

Community Health Net	1202 State Street Erie, PA 16501	814-455-7222	Family Practice Internal Medicine
St.Vincent Medical Group of Corry	315 York Street Corry, PA 16407	814-664-8686	Family Practice
Corry Chiropractic Center	116 West Smith Street Corry, PA 16407	866-446-2848	Chiropractic
Corry Works Physical Therapy	512 East Columbus Avenue Corry, PA 16407	866-446-2848	Physical Therapy
KEYSCRIPTS	Call Toll Free for Closest Location	1-866-446-2848	Physical Therapy, Chiropractic, Diagnostic Imaging, Pharmacy, Durable Medical Equipment