



St. Louis Public Schools Employee/Supervisor Injury Report
Employee Statement (Printed and executed by Employee)
 Scan Immediately to Human Resources at ERStaff@slps.org

EMPLOYEE INJURY REPORTING FORM

EVERY BOX ON THIS PAGE MUST BE COMPLETED BY THE INJURED EMPLOYEE

My signature indicates that I fully understand that any falsification of any injury may subject me to disciplinary action, including termination of my employment with the St. Louis Public Schools.

Employee Signature _____ **Date:** _____

Employee	Name: (Last, First, Middle)		Date of Birth	SSN	Position /Title	
	Home Address:			Home Phone:	Gender:	
	City / State/ Zip Code:			Alternate Phone:	Was time lost at work? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Time work began:	Date of accident / injury	Time of Occurrence:	Location code of employee:		
	School or Site location where incident occurred:			Specific area in the building:		
	Describe in detail how the injury occurred and what caused the injury to happen:					
	Describe the injury and parts of the body affected:			Name of Witnesses to Accident / Injury:		
				1.		
				2.		
				3.		
Was the injury reported immediately to supervisor? (If no explain failure to give notice):			Name of the person you first reported injury to and date of report:			
✓	Did the employee refuse the offer of Medical attention: Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, reason for refusal:			
✓	How was Employee transported to physician/clinic?					
✓	Date received first medical treatment:			Who accompanied:		
✓	Clinic: (Name of clinic, hospital or physician visited?)			Location:		



EMPLOYEE AUTHORIZATION TO RELEASE MEDICAL RECORDS

I _____ Hereby authorize _____
(Employee Signature) (Clinic/Hospital)

You are hereby authorized to release any information acquired in the course of my medical treatment to my employer and CCMSI. Please forward immediately a Workers' Compensation Report, a copy of this authorization and your itemized billing statement to:

CCMSI ♦ 133 S. 11th Street ♦ St. Louis, MO 63102 ♦ (314) 231-4094
(ALL BILLING AND SPECIALTY REFERRALS ARE HANDLED BY CCMSI)

Initial medical treatment authorization to be completed by supervisor

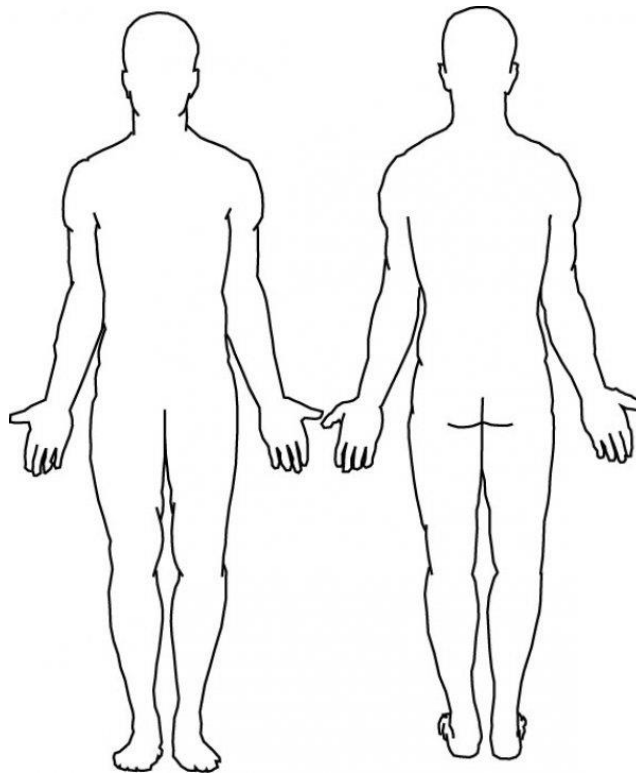
You are hereby authorized to render necessary medical treatment to the above name employee of the St. Louis Public Schools. This authorization is limited to the *FIRST VISIT ONLY*. Follow-up visits must be authorized by SLPS or CCMSI and must be scheduled before or after work hours.

Supervisor Signature: _____ Date: _____

Injured Body Part Chart (Typed and executed by Employee)

Front

Back



Please mark the suspected area(s) of injury:
Name of body part(s) listed: _____

Employee Signature: _____



St. Louis Public Schools Employee/Supervisor Injury Report
Accident Investigation Report (Typed/Written and executed by Supervisor or Designee)
 Scan Immediately to Human Resources at ERStaff@slps.org

Injured Employee's Name:		Date of injury:	
Supervisor's Name:			
Location:		Phone:	
Supervisor's Title:		Date Completing Report:	
<p>Please describe in detail how the injury occurred and what caused the injury to happen: To be completed by supervisor (if not present describe what was reported to you.)</p> <p>Describe how the injury occurred:</p> 			
<p>What if any events or conditions caused the accident: (i.e. wet floor, fight, standing on unstable surface, etc.):</p> 			
<p>Corrective action or plan to prevent reoccurrence:</p> 			
Supervisor Signature: _____		Date: _____	
To be completed by Human resources only:			
Hire Date:	Bi-Weekly Wages:	HR Contact:	
Date Received:	School /Loc Type, Choose One:	Elem. <input type="checkbox"/> Middle <input type="checkbox"/> High <input type="checkbox"/> Alt. Sch. <input type="checkbox"/> Other <input type="checkbox"/>	



**St. Louis Public Schools Employee/Supervisor Injury Report
Witness Statement(s) (Typed/Written and executed by Witness)
Scan Immediately to Human Resources at ERStaff@slps.org**

Injured Employee's Name:		Date of injury:	
Witness Name:			
Location:		Phone:	
Supervisor's Title:		Date Completing Report:	
Please describe in detail how the injury occurred and what caused the injury to happen: To be completed by witness.			
Describe how the injury occurred:			
What if any events or conditions caused the accident: (i.e wet floor, fight, standing on unstable surface, etc.):			
Corrective action or plan to prevent reoccurrence:			
Witness Signature: _____ Date: _____			

Please print additional witness statements if necessary.



Scan Immediately to Human Resources at ERStaff@slps.org

WORKERS' COMPENSATION REPORTING

GENERAL INSTRUCTIONS

INJURED EMPLOYEE:

- Step 1: The employee is required to report any injury sustained during working hours or while on authorized St. Louis Public Schools business to his/her immediate supervisor on the day the injury occurs and within 24 hours of the occurrence of the accident/injury.
- Step 2: The employee must complete the form WC1-2, *St. Louis Public Schools Employee/Supervisor Injury Report*, and submit the form to the supervisor for signature. **If medical treatment is required, the employee must obtain the supervisor's signature for authorization of medical treatment. The employee must make a copy of the report for the site records and then take the original WC1-2 with him/her to the authorized medical provider Concentra.** See attached list of **MEDICAL CENTER LOCATIONS**.
- Step 3: Immediately following the visit to an authorized doctor, the employee must provide his/her supervisor with the *Work Status Report* from Concentra, either in person or by fax. The report should indicate that the employee was evaluated, and a determination was made to either return to work for **Regular Duty**, return to work for **Limited Duty with Restrictions**, or **Unable to Work**.
- Step 4: **Any medical charges incurred anywhere other than Concentra will not be covered under Workers' Compensation and should be submitted to your group medical insurance carrier. The only exception to this rule shall be the rare occasion when injury requires emergency treatment as deemed necessary in the best judgment of the supervisor at the site of the injury.**

PRINCIPAL/SUPERVISOR: DO NOT DELEGATE THIS RESPONSIBILITY TO OTHERS

- Step 1: Provide the injured employee with an Employee/Supervisor Injury Report/Medical Treatment Authorization Form (WC1-2). The employee will complete the majority of page (1) and all of page (2) of the forms, which is his/her account of the accident/injury.
- Step 2: Principal/supervisor will authorize treatment by signing the bottom of page 1, which authorizes the employee to obtain medical treatment at a Concentra Medical Center. Additionally, the Supervisor shall complete and sign page 3 of the form, which is the supervisor's account of the accident/injury. The supervisor is not required to have firsthand knowledge of the incident. When the Supervisor does not have firsthand knowledge, the report shall indicate what was "alleged" to have happened.
- Step 3: Scan Immediately to Human Resources at ERStaff@slps.org OR Fax the completed WC1-2 **immediately to Alysia Palm at (314) 244-1739**
- Step 4: Retain a copy of the WC1-2 in a separate workers' compensation file at the respective location.
- Step 5: Code absences accordingly.

HUMAN RESOURCES DIVISION:

- Step 1: When the Doctor's Visit Summary Report indicates Unable to Work, the Human Resources Division will place the employee on "Inactive Service – Workers Compensation Without Pay" until the employee is released for duty. **The first three (3) regularly scheduled workdays following the last day worked are not payable under the Missouri Workers' Compensation law, unless the employee will be absent more than 14 consecutive days, at which time the first three days will be payable under workers' compensation.**
- Step 2: The Human Resources Division will maintain the inactive service status until receipt of the physician's statement indicating that the employee is released for regular duty or limited duty with restrictions.
- Step 3: For any *Doctor's Summary Report* indicating "**Limited Duty with Restrictions**", Human Resources Division will work with the appropriate site administrator to evaluate limited duty opportunities and determine the appropriate course of action. Each report will be evaluated on a case-by-case basis.

For question concerning this form, contact Employee Relations at 314-345-2218.



Concentra Authorized Medical Facility Locations

<p>Concentra Market St. 3100 Market Street St. Louis, MO. 63103 (314) 421-2557 Fax: (314) 421-2046 Hours: M-F, 8 a.m.-5 p.m.</p>	<p>Concentra North Broadway 8340 North Broadway St. St. Louis, MO. 63147 (314) 385-9563 Fax: (314) 385-9350 Hours: M-F, 8 a.m.-5 p.m.</p>	
<p>Concentra Midtown 6542 Manchester St. Louis, MO. 63139 (314) 647-0081 Fax : (314) 647-5485 Hours: M-F, 8 a.m.-5 p.m.</p>	<p>Concentra Westport 83 Progress Parkway Maryland Heights, MO. 63043 (314) 434-8174 Fax: (314) 434-8706 Hours: M-F, 8 a.m.-5 p.m.</p>	
<p>Concentra Hazelwood 463 Lynn Haven Lane Hazelwood, MO. 63042 (314) 731-0448 Fax: (314) 731-0495 Hours: M-F, 8 a.m. – 5 p.m.</p>	<p>Concentra Fenton 128 Matrix Commons Drive Fenton, MO 63026 (636) 349-6850 Fax: (636) 349-6641 Hours: M-F, 8 a.m.-5 p.m.</p>	
<p>Concentra St. Charles 1794 Zumbahl Road St. Charles, MO. 63303 (636) 947-1666 Fax: (636) 947-4185 Hours: M-F, 8:00 a.m. – 5 p.m.</p>	<p>Third-Party Administrator CCMSI, Inc. Claims Supervisor Wanda Curry 314-418-5522 wcurry@ccmsi.com</p>	
<p>24 HOUR EMERGENCY HOSPITALS (Only if an Emergency)</p>		
<p>Barnes-Jewish Hospital Emergency and Trauma Center St. Louis, MO. 63110 400 S. Kingshighway Blvd. (314) 362-9123</p>	<p>Saint Louis University Hospital 3635 Vista St. Louis, MO 63110 (314) 577-8777</p>	<p>St. Mary’s Hospital 6420 Clayton Rd. St. Louis, MO 63117 (314) 768-8360</p>