# THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA

## INJURED EMPLOYEE INITIAL REPORTING FORM

*REPORTE INICIAL DE UNA LESIÓN DEL EMPLEADO*

Please fill in each field as completely and accurately as possible. Please print legibly!

*Favor de llenar cada parte en su totalidad y ser lo más preciso posible. ¡Favor de escribir en letra de imprenta legible!*

_____, _____ _____ _____/_____/_____

Last Name: / *Apellido* First Name: / *Nombre* Middle Initial: / *Inicial* Date you reported this injury: / *Fecha en que reportó esta lesión*

_____ _____-_____-_____ _____

Employee ID #: / *# de identificación de empleado* Social Security #: / *Número de Seguro Social* Your position: / *Puesto que ocupa*

_____/_____/_____ _____:_____ AM ☐ PM ☐

Date of Incident: / *Fecha del incidente* Time of Incident: / *Hora del incidente*

_____ _____

Name of site where you are based: / *Nombre del lugar de base donde trabaja* Name of site where you were injured: / *Nombre del lugar donde se lesionó*

State what you were doing at the time you were injured: / *Describa lo que usted estaba haciendo en el momento en que fue lesionado*

_____

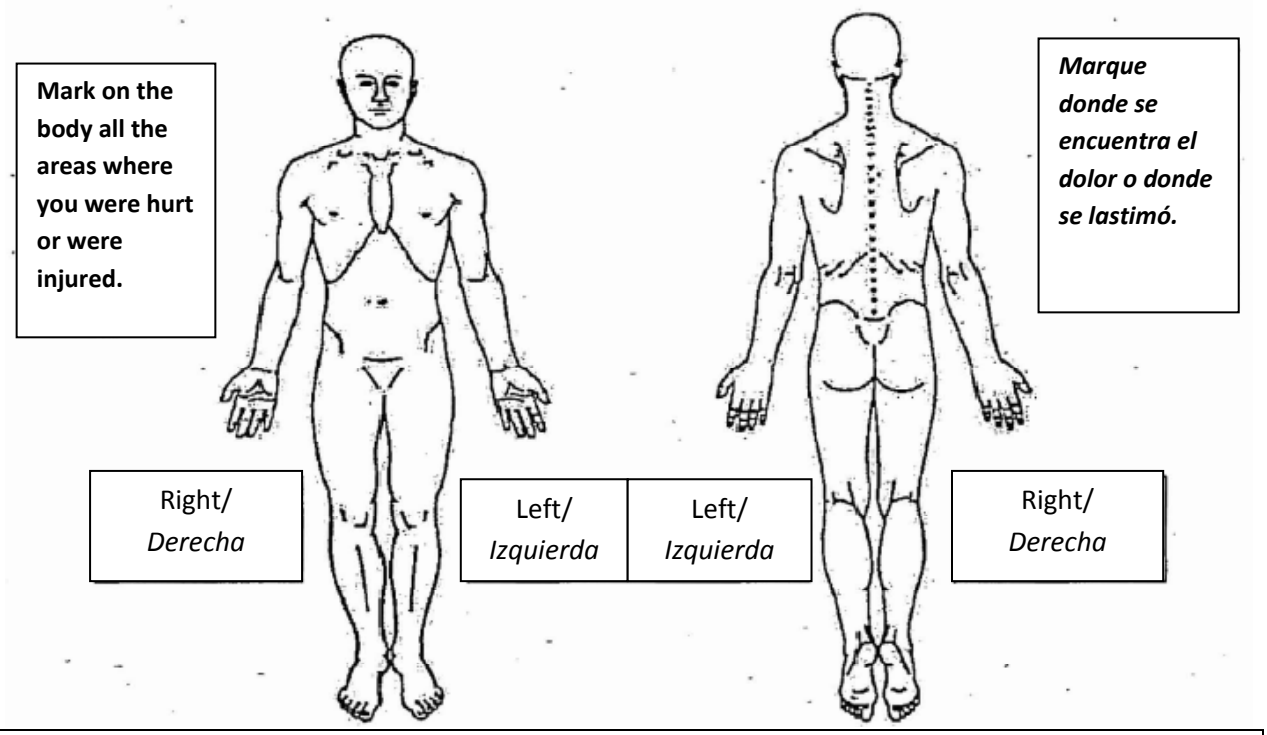
_____

_____

_____

_____

Use the medical drawing below to mark the area(s) injured. / *Utilice el dibujo médico a continuación para marcar el (las) área(s) lesionada(s).*




"Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information commits insurance fraud, punishable as provided in Florida Statute 817.234."

*"Cualquier persona que, a consciencia y con la intención de perjudicar, estafar o engañar a cualquier patrono o empleado, compañía de seguro o programa de seguro propio, presente una declaración de reclamación que contenga cualquier información falsa o engañosa, comete fraude de seguro, castigable, así provisto por el Estatuto de La Florida 817.234."*

_____ _____/_____/_____

Sign your name: / *Firme su nombre* Today's date: / *Fecha de hoy*

**THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA**

INJURED EMPLOYEE INITIAL REPORTING FORM

*REPORTE INICIAL DE UNA LESIÓN DEL EMPLEADO*

The School District of Osceola County presents this form to facilitate any medically necessary care that may arise out of the incident listed on its reverse side.

**The School District is represented by:**
*Johns Eastern Co., Inc.*
*PO Box 110279, Lakewood Ranch, FL 34211-0004*
*Phone - (941) 907-3100*
*Fax - (813) 402-7922*

For billing purposes you can call Johns Eastern at the number above and using the social security number of the individual they can process your claim.

If this person is coming to your clinic/ER during the evening hours or on a weekend and you cannot reach Johns Eastern, you can contact the Risk Management Department on the next business day for further instructions:

**The School District of Osceola County**
*817 Bill Beck Blvd.*
*Kissimmee, FL 34744*
*Phone - (407) 870-4075*
*Fax – (407) 943-7749*

**Please note**: the School District of Osceola County has in place a network of doctors and specialists to cover any medically necessary care. We request that the treating physician(s) within the clinic/ER, (given this is not a life-threatening situation), "treat and release" any district employee with instructions to report back to their employer on the morning of the next business day for further evaluation and treatment.

**Please do not:**

- Instruct our employees to return to your place of business for further check-ups or care. All future care will be provided to them through our network.
- Refer our employees to a specialist or any other doctor, (only doctors covered under our network are authorized to treat). Referrals will result from a follow-up visit.
- Request information concerning the injured employee's medical insurance. This form denotes Workers' Compensation and will be paid under the auspices of same.
- Suggest that the employee take day(s) off of work due to their injuries, (this directive can only be given by the authorized doctors within the network).

Thank you in advance for the prompt and professional care that you are providing for our employee.

The Risk Management Department of the School District of Osceola County
Workers' Compensation Department