

In case of a workplace injury:

WORKER GRAB 'N GO KIT

An essential part of our Return-to-Work Program

EMPLOYEE INSTRUCTIONS:

This Worker Grab 'N Go Kit is designed to facilitate the workers' compensation process in the event of a workplace injury. The four documents listed below are contained in this kit. This envelope and its contents should be taken to your medical appointments and given to your treating health care provider. Please review all contents and follow the directions written next to each document listed.

Documents #1, #2, #3 are informational for your provider and do not have to be returned to our workers' comp designee.

- ☐ **1. Notice of Accident** – To be completed by you as soon as possible after the incident. Once you return the completed form to your employer, you will get a copy you can show to your treating health care provider, if the provider requests a copy.
- ☐ **2. Cover Letter to Treating Health Care Provider** – Informational letter to your treating health care provider explaining our company's Return-to-Work Program. You do not need to return this as it is information your provider can keep on file.
- ☐ **3. Job Description** – Your current job description so your treating health care provider may review the physical requirements of your regular job. You do not need to return this as it is information your provider can keep on file.

Document #4 is to be filled out by your treating health care provider at your initial visit and at each follow-up appointment.

- Return right away to our workers' comp designee after each one of your appointments.

***NOTE: Multiple copies are included in this packet for you to take with you each time you see your treating provider.**

- ☐ **4. Provider's Report of Physical Ability** – At your initial visit and each of your follow-up appointments, ask your treating health care provider to complete this form and give it to you. Return the completed Provider's Report of Physical Ability to our workers' comp designee as soon as possible after each of your appointments.

For any questions, please contact: _____ (workers' comp designee) at phone# _____ or email at _____

Thank you for cooperating with our efforts to maintain a safe, healthy and productive work environment for all our employees.