

# INJURY MANAGEMENT PROGRAM CLAIM REPORTING CHECKLIST

EMPLOYEE NAME: \_\_\_\_\_ DATE OF INJURY: \_\_\_\_\_

TYPE OF CLAIM:             FIRST AID             INJURY BEYOND FIRST AID

**FOR FIRST AID CLAIM:**

- Document incident on Incident/Hazard Report
- If you are not sure this is a first aid claim and want a doctor make that determination, provide employee with the "First Aid" letter.
- "Work Ability" form.

**INJURY BEYOND FIRST AID**

- Get medical treatment. Arrange an appointment, if necessary.
- Complete 5020
- Complete Incident/Hazard Report
- Provide employee with DWC-1. Employer completes questions 9 through 12, and 14 through 18. DO NOT complete question 13 until the employee returns the form to you with their portion completed.
- Provide employee with "Work Ability" form to take to the doctor. Instruct them to return it to you immediately after their appointment.
- Initiate "Interactive Process" to provide employee with transitional duty job if they are medically able.

Name, address, and phone number of physician or facility employee is going to:

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