

Cabell County School Employees:

Cabell County Schools has met with the following Healthcare Providers and recommend that all non-emergency treatment be sought at these facilities. They are aware of our Return to Work Policy and Light Duty Program. Walk-in patients, X-ray machines and Physical Therapy are just a few of the many services that are offered by these healthcare providers. If possible, bypassing the emergency room for non-emergency related treatment will save you hours of waiting while still giving you the care that you deserve.

Preferred Healthcare Providers for Workers Compensation Claims

St. Mary's Occupational Medicine; 2827 5th Avenue, Huntington WV, 304-399-7858

Med Express Urgent Care; 3120 US Route 60 East, Huntington WV; 304-522-3627

Med Express Urgent Care- West; 10 Adams Ave., Huntington WV; 304-523-8838

Davis Chiropractic; 6430 E US Route 60, Barboursville WV, 304-736-4111

Short Chiropractic; 99 Cracker Barrell Drive- Suite 200, Barboursville WV, 304-733-4616

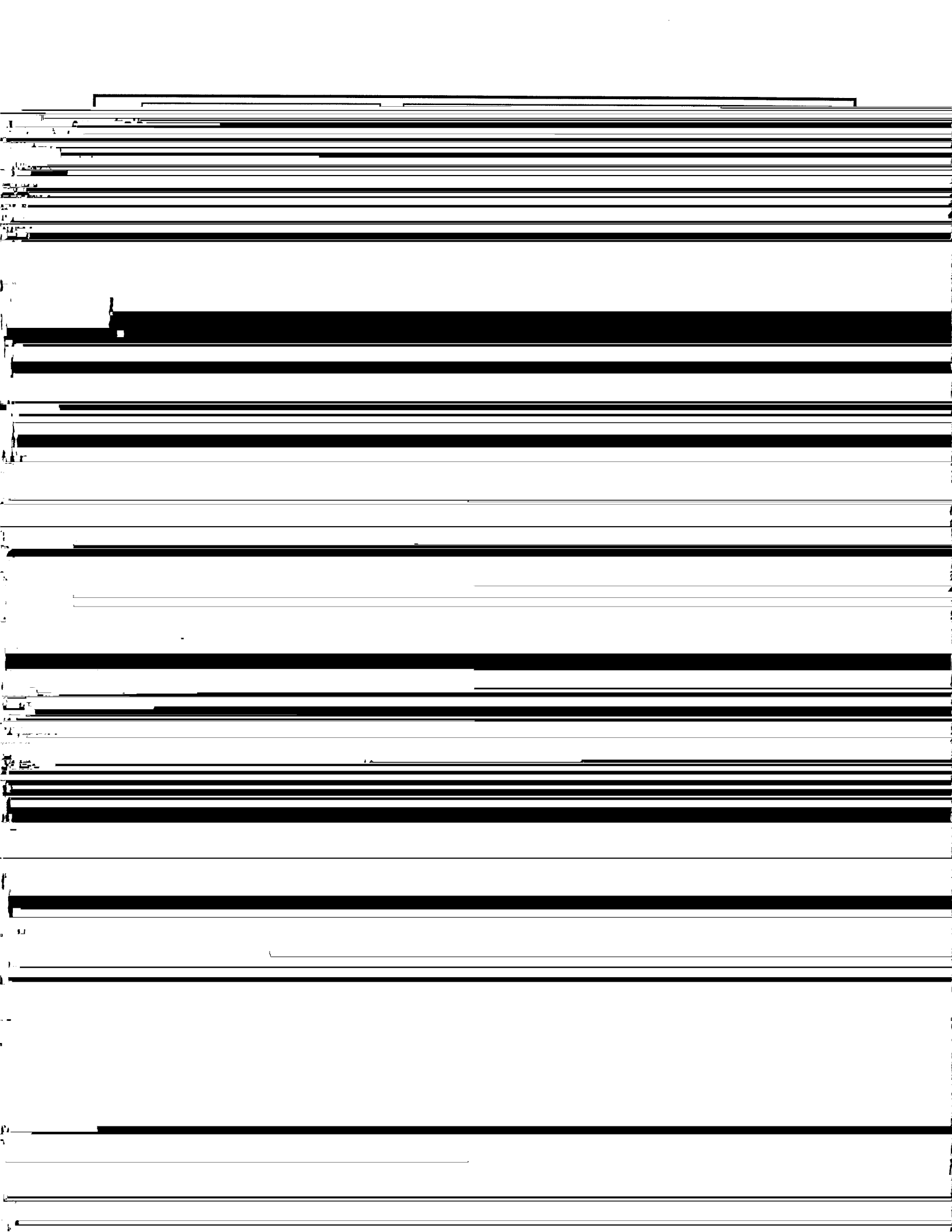
Overstreet Family Chiropractic; 6467 Farmdale Rd., Barboursville WV 304-840-7760

1) Complete the "Employee's Description of Event" and return to immediate supervisor

2) Give "Occupational Injury Investigation Report" to the following person:

**Cabell County BOE
Occupational Injury
Investigative Report**

This report must be completed and attached to the Injured
Employee Report and Witness Interview Reports if applicable
and sent to the Safety Manager within 24 hours of accident



LETTER TO PHYSICIAN

Re: Return-to-Work Program

To Whom It May Concern:

As a treating physician, your assistance is critical in the success of our return-to-work program. Our goal is to return our employees to productive employment as soon as appropriate following an injury or illness. Some key points we would like you to know are as follows:

- Our employee will provide you with an "accident package" at the time of their initial treatment. This package will consist of this letter, and the following forms:
 - a) **Attending Physician's Report** - this should be used to outline any type of work restrictions. Please complete this form and give back to our employee.
 - b) **Task Evaluation Form (Current Job)** - this form lists the type of physical activity required to perform the injured associates' job duties, without restrictions.
 - c) **Task Evaluation Form (Alternative Job)** - this form lists the minimal amount of physical activity that we can accommodate with their job.
- Every effort will be made to enable the employee to return to work immediately or in the very near future, even if the worker returns to a transitional position.

duty position, perhaps initially only for an hour or two a day.

- We staff the employee's case internally on a weekly basis and will contact you should a question arise relative to transitional duty or related issues.

ATTENDING PHYSICIAN'S REPORT

Instructions: Give this form and the job function evaluation form to the injured employee.

Return completed form to Cabell BOE Risk Manager

Patient's Name: _____

Employer: Cabell County Board of Education

Dear Doctor:

Please provide the following information related to this injury/illness. This will assist us in returning our employees to work. We have an extensive and comprehensive Return-to-Work program for employees who have been hurt on the job.

1. _____ Employee may return to normal duties at once.
2. _____ Employee may return to work with the following restrictions.

Date: _____

Cabell County Schools
Job Function Evaluation

Physical Demands:

Standing	X	Carrying	
Sitting	X	Stairs	X
Driving	X	Pulling	
Walking	X	Kneeling	

Cabell County Schools
Job Function Evaluation

Job Title: Bus Operator

Check one: ☐ Current Job ☒ Alternative / Modified Job

Physical Demands: