**IMPORTANT: PLEASE READ CAREFULLY**

**Worker’s Compensation Notice**

**2015-2016**

**ANY** **WORK RELATED INJURY MUST BE REPORTED AS SOON AS POSSIBLE TO THE IMMEDIATE SUPERVISOR AND THEN TO THE CENTRAL OFFICE.**

***REPORTING A FALSE WORKER’S COMP CLAIM MAY RESULT IN POSSIBLE DISCIPLINARY ACTION or DISMISSAL.***

***\*\*\*\*\*\*\*\*\*\*\*\*\*Please Initial \_\_\_\_\_\_\_***

Listed below in the panel of authorized doctors for work related injuries:

1. **Debbie Daniel, MD**
2. **Terry Dunn, MD**
3. **Mary Baldwin, MD**

If the above doctors are not available, please go to **Sequatchie Valley Erlanger ER in Dunlap, TN or Erlanger Medical Center in Chattanooga, TN.**

You must see one of the doctors on the panel. If one of the listed doctors refers the employee to a specialist or any other doctor not listed, the employee **must** obtain employer’s approval before seeing this other doctor.

\*Once you have made a choice of a physician, **no other** doctor can be seen without prior **employer approval**.

**PLEASE REPORT INJURY IMMEDIATELY**.

Please sign this notice in order to verify that you have read this notice regarding the procedures on work related injuries and that you have received notice of the authorized panel of doctors.

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PRINT NAME SIGNATURE

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SCHOOL GRADE/LOCATION DATE