BULLOCH COUNTY BOARD OF COMMISSIONERS
SUPERVISOR INJURY REPORT FORM

Date of Injury: _____ Time: _____ ☐ AM ☐ PM

Name of injured employee: _____ Department: _____

Location: _____

Details *(What happened?)*

Body Part(s) Injured (Be Specific - right knee, lower back, etc.): _____

Type of Injury (Burn, Sprain, Cut, etc.): _____

Taken for Medical Treatment? ☐ Yes ☐ No Where?: _____

Lost Time beyond date of injury? ☐ Yes ☐ No

If Yes, Date of first missed shift: _____ Date returned to work: _____

Date Supervisor informed: _____ Time: _____ ☐ AM ☐ PM

Supervisor Name: _____

Supervisor Phone #: _____

Is supervisor aware of prior injuries/surgeries to affected body part(s)? ☐ Yes ☐ No

If yes, explain: _____

Witness Information: *(Use additional sheet if necessary)*

Name: _____

Phone: _____ Email: _____

Name: _____

Phone: _____ Email: _____

Name of Person Completing this Form: _____

Signature: _____ **Date:** _____

To be completed by Supervisor or Designee

BULLOCH COUNTY BOARD OF COMMISSIONERS
EMPLOYEE INJURY REPORT FORM

Date of Injury: _____ Time: _____ ☐ AM ☐ PM

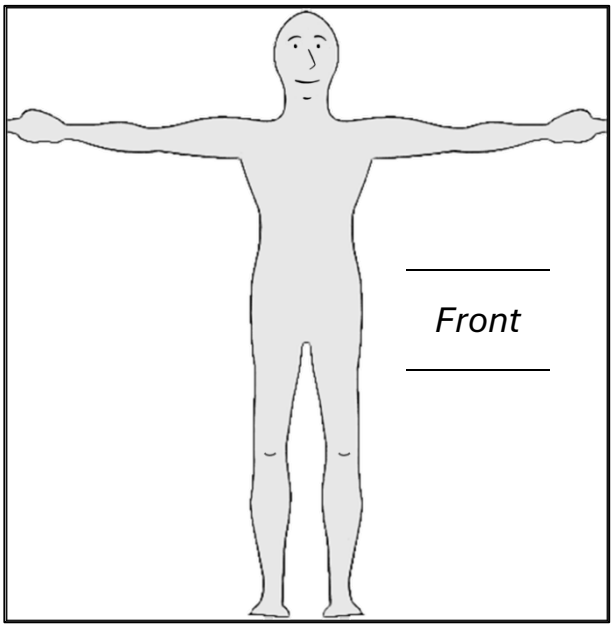
Name: _____ Employee ID #: _____

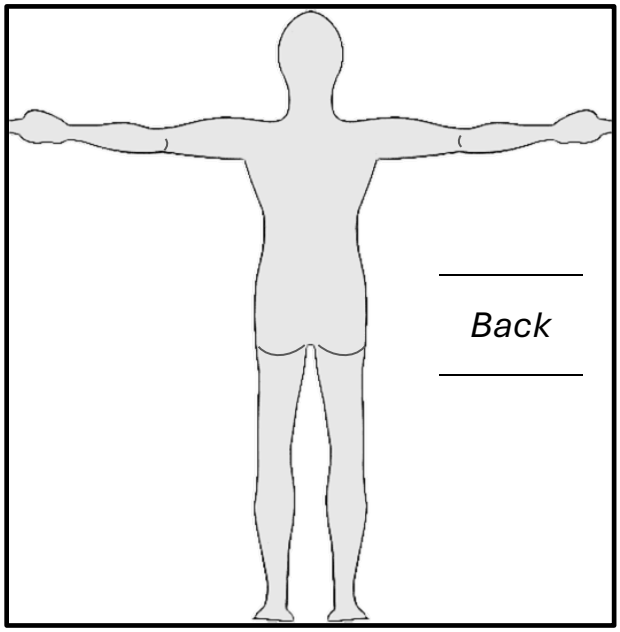
Department: _____ Location: _____

Details *(What happened?):*

Type of Injury *(Burn, Cut, Sprain, etc.):* _____

Body Part(s) Injured *(Indicate on diagrams below)*:





Witness Information:

Name: _____

Phone: _____ Email: _____

Employee Signature: _____ **Date:** _____

To be completed by Injured Employee

PANEL OF PHYSICIANS
OFFICIAL NOTICE

This business operates under the Georgia Workers' Compensation Law.

WORKERS MUST REPORT ALL ACCIDENTS IMMEDIATELY TO THE EMPLOYER BY ADVISING THE EMPLOYER PERSONALLY, AN AGENT, REPRESENTATIVE, BOSS, SUPERVISOR, OR FOREMAN.

If a worker is injured at work, the employer shall pay medical and rehabilitation expenses within the limits of the law. In some cases the employer will also pay a part of the worker's lost wages.

Work injuries and occupational diseases should be reported in writing whenever possible. The worker may lose the right to receive compensation if an accident is not reported within 30 days (see O.C.G.A. § 34-9-80).

The employer will supply free of charge, upon request, a form for reporting accidents and will also furnish, free of charge, information about workers' compensation. The employer will also furnish to the employee, upon request, copies of board forms on file with the employer pertaining to an employee's claim.

A worker injured on the job must select a doctor from the list below. The minimum panel shall consist of at least six physicians, including an orthopedic surgeon with no more than two physicians from industrial clinics (see O.C.G.A. § 34-9-201). Further, this panel shall include one minority physician, whenever feasible (See Rule 201 for definition of minority physician). The Board may grant exceptions to the required size of the panel where it is demonstrated that more than four physicians are not reasonably accessible. One change to another doctor from the list may be made without permission. Further changes require the permission of the employer or the State Board of Workers' Compensation.

The insurance company providing coverage for this business under the Workers' Compensation Law is:

Insurer Name: ACCG Phone: 877-421-6298

Address: 191 Peachtree Street N.E., Suite 700, Atlanta, GA 30303

Insurer Email: accgclaimsmail@accg.org

Instructions to injured worker: Review the following physician's contact information and select the provider with whom you would like to receive medical treatment.

Physician's Contact Information: Name, Address, Phone, and website listed below:

Cedar Surgical Associates _____ *(General Surgery)*	1497 Fair Rd #200 Statesboro, GA 30458	912.871.7100
Optim Orthopedics _____ *(Orthopedic Surgery)*	17007 GA-67 Statesboro, GA 30458	912.681.2500
Atys B Cope, MD (Case by Case Basis Only) _____ *(Ophthalmology)*	81 E Jones Ave Statesboro, GA 30458	912.764.8080
South Georgia Immediate Care Center _____ *(Urgent Care)*	1096 Bermuda Run Statesboro, GA 30458	912.871.5150
Family Health Care Center _____ *(Family Medicine)*	23702 US-80 Statesboro, GA 30461	912.489.4090
South Georgia Internal Medicine _____ ViJitha P Prasad *(Internal Medicine)*	544 W Church St Swainsboro, GA 30401	478.237.2527
Optim Health System *(Orthopedic Surgery)*	602 E Long St Claxton, GA 30417	912.739.3275
Peachtree Immediate Care _____ *(Occupational Medicine/Industrial Clinic, Urgent Care)*	586 Brannen St Statesboro, GA 30458	912.871.6611

☐ (Additional doctors may be added on a separate sheet)

This box is checked if additional physicians are listed on separate sheet.

Bulloch County BOC - 115 North Main Street, Statesboro, GA 30459
11/22/2023

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT https://sbwc.georgia.gov

Willfully making a false statement for the purpose of obtaining or denying benefits is a crime subject to penalties of up to $10,000.00 per violation (O.C.G.A. § 34-9-18 and § 34-9-19).

WC-P1 (7/2023)

Injured Employee: Please initial beside your choice of treating physician above.

If no medical treatment needed, please initial here: _____ and sign the Declination of Medical Treatment form provided by your supervisor.

_____

Employee (Print, Sign, and Date)

_____

Supervisor (Print, Sign, and Date)

GEORGIA STATE BOARD OF WORKERS' COMPENSATION

BILL OF RIGHTS FOR THE INJURED WORKER

As required by law, O.C.G.A. §34-9-81.1, this is a summary of your rights and responsibilities. The Workers' Compensation Law provides you, as a worker in the State of Georgia, with certain rights and responsibilities should you be injured on the job. The Workers' Compensation Law provides you coverage for a work-related injury even if an injury occurs on the first day on the job. In addition to rights, you also have certain responsibilities. Your rights and responsibilities are described below.

Employee's Rights

1. If you are injured on the job, you may receive medical rehabilitation and income benefits. These benefits are provided to help you return to work. Your dependents may also receive benefits if you die as a result of a job-related injury.

2. Your employer is required to post a list of at least six doctors or the name of the certified WC/MCO that provides medical care, unless the Board has granted an exception. You may choose a doctor from the list and make one change to another doctor on the list without the permission of your employer. However, in an emergency, you may get temporary medical care from any doctor until the emergency is over, then you must get treatment from a doctor on the posted list.

3. Your authorized doctor bills, hospital bills, rehabilitation in some cases, physical therapy, prescriptions, and necessary travel expenses will be paid if injury was caused by an accident on the job. All injuries occuring on or before June 30, 2013 shall be entitled to lifetime medical benefits. If your accident occurred on or after July 1, 2013 medical treatment shall be limited to a maximum of 400 weeks from the accident date. If your injury is catostrophic in nature you may be entitled to lifetime medical benefits.

4. You are entitled to weekly income benefits if you have more than seven days of lost time due to an injury. Your first check should be mailed to you within 21 days after the first day you missed work. If you are out more than 21 consecutive days due to your injury, you will be paid for the first week.

5. Accidents are classified as being either catastrophic or non-catastrophic. Catastrophic injuries are those involving amputations, severe paralysis, severe head injuries, severe burns, blindness, or of a nature and severity that prevents the employee from being able to perform his or her prior work and any work available in substantial numbers within the national economy. In catastrophic cases, you are entitled to receive two-thirds of your average weekly wage but not more than $800 per week for a job-related injury for as long as you are unable to return to work. You also are entitled to receive medical and vocational rehabilitation benefits to help in recovering from your injury. If you need help in this area call the State Board of Workers' Compensation at (404) 656-0849.

6. In all other cases (non-catastrophic), you are entitled to receive two- thirds of your average weekly wage but not more than $800 per week for a job related injury. You will receive these weekly benefits as long as you are totally disabled, but no longer than 400 weeks. If you are not working and it is determined that you have been capable of performing work with restrictions for 52 consecutive weeks or 78 aggregate weeks, your weekly income benefits will be reduced to two- thirds of your average weekly wage but no more than $533.33 per week, not to exceed 350 weeks.

7. When you are able to return to work, but can only get a lower paying job as a result of your injury, you are entitled to a weekly benefit of not more than $533.33 per week for no longer than 350 weeks.

8. Your dependent(s), in the event you die as a result of an on-the-job accident, will receive burial expenses up to $7,500 and two-thirds of your average weekly wage, but not more than $800 per week. A widowed spouse with no children will be paid a maximum of $320,000. Benefits continue until he/she remarries or openly cohabits with a person of the opposite sex.

9. If you do not receive benefits when due, the insurance carrier/employer must pay a penalty, which will be added to your payments.

Employee's Responsibilities

1. You should follow written rules of safety and other reasonable policies and procedures of the employer.

2. You must report any accident immediately, but not later than 30 days after the accident, to your employer, your employer's representative, your foreman or immediate supervisor. Failure to do so may result in the loss of the benefits.

3. An employee has a continuing obligation to cooperate with medical providers in the course of their treatment for work related injuries. You must accept reasonable medical treatment and rehabilitation services when ordered by the State Board of Workers' Compensation or the Board may suspend your benefits.

4. No compensation shall be allowed for an injury or death due to the employee's willful misconduct.

5. You must notify the insurance carrier/employer of your address when you move to a new location. You should notify the insurance carrier/employer when you are able to return to full-time or part-time work and report the amount of your weekly earnings because you may be entitled to some income benefits even though you have returned to work.

6. A dependent spouse of a deceased employee shall notify the insurance carrier/employer upon change of address or remarriage.

7. You must attempt a job approved by the authorized treating physician even if the pay is lower than the job you had when you were injured. If you do not attempt the job, your benefits may be suspended.

8. If you believe you are due benefits and your insurance carrier/employer denies these benefits, you must file a claim within one year after the date of last authorized medical treatment or within two years of your last payment of weekly benefits or you will lose your right to these benefits.

9. If your dependent(s) do not receive allowable benefit payments, the dependent(s) must file a claim with the State Board of Workers' Compensation within one year after your death or lose the right to these benefits.

10. Any request for reimbursement to you for mileage or other expenses related to medical care must be submitted to the insurance carrier/employer within one year of the date the expense was incurred.

11. If an employee unjustifiably refuses to submit to a drug test following an on-the-job injury, there shall be a presumption that the accident and injury were caused by alcohol or drugs. If the presumption is not overcome by other evidence, any claim for workers' compensation benefits would be denied.

12. You shall be guilty of a misdemeanor and upon conviction shall be punished by a fine of not more than $10,000.00 or imprisonment, up to 12 months, or both, for making false or misleading statements when claiming benefits. Also, any false statements or false evidence given under oath during the course of any administrative or appellate division hearing is perjury.

The State Board of Workers' Compensation will provide you with information regarding how to file a claim and will answer any other questions regarding your rights under the law. If you are calling in the Atlanta area the telephone number is (404) 656-3818, outside the metro Atlanta area call 1-800-533-0682, or write the State Board of Workers' Compensation at: 270 Peachtree Street, N.W., Atlanta, Georgia 30303-1299 or visit our website: https://www.sbwc.georgia.gov. A lawyer is not needed to file a claim with the Board; however, if you think you need a lawyer and do not have your own personal lawyer, you may contact the Lawyer Referral Service at (404) 521-0777 or 1-800-334-6865.

Bulloch County Board of Commissioners
Declination of Medical Treatment

Name: _____ Department: _____

Date of Injury: _____

By signing below, I acknowledge and affirm that:

1. I have reported a work-related injury that occurred on the date shown above.
2. I have been offered the opportunity to seek medical treatment for my injury.
3. **I wish to decline medical treatment** at this time.

I understand that if I later decide that treatment for this injury is needed:

- Future medical treatment may be authorized, subject to review, but must be obtained from a medical provider listed on the approved Panel of Physicians.
- I must notify my supervisor and the Bulloch County Human Resources Department of my decision and ask for further instructions before scheduling a medical appointment.

_____ _____

Employee Signature Date

_____ _____

Supervisor Signature Date

PLEASE NOTE: An Employee Injury Report Form must be submitted for all injuries, even if the employee declines medical treatment.