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

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

[redacted]

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 modified 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.

- [illegible]

ATTENDING PHYSICIAN'S REPORT

[redacted]

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.

[redacted]

Cabell County Schools
Job Function Evaluation

[redacted]

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 _X_ Alternative / Modified Job

Physical Demands:

[redacted]