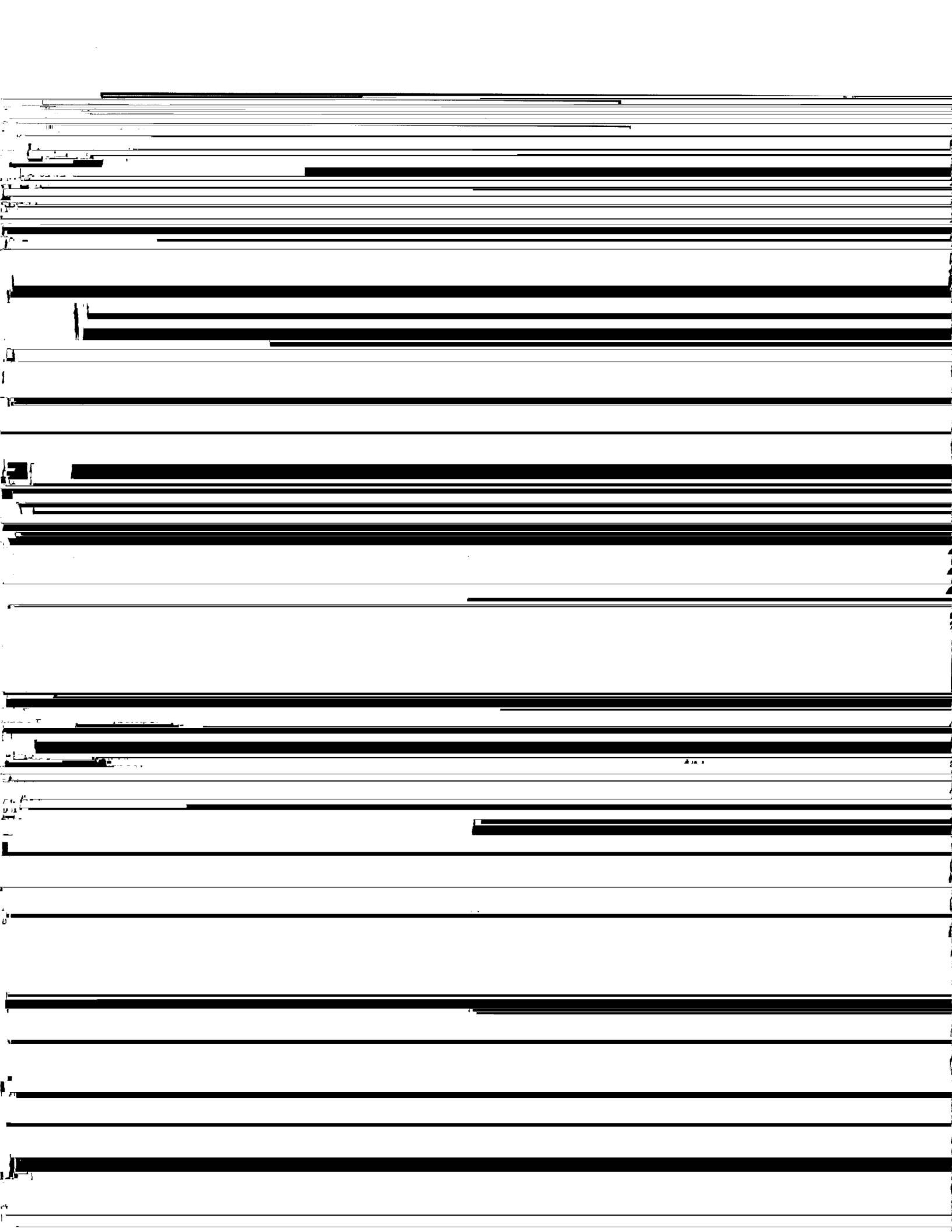
Cabell County School Employees:

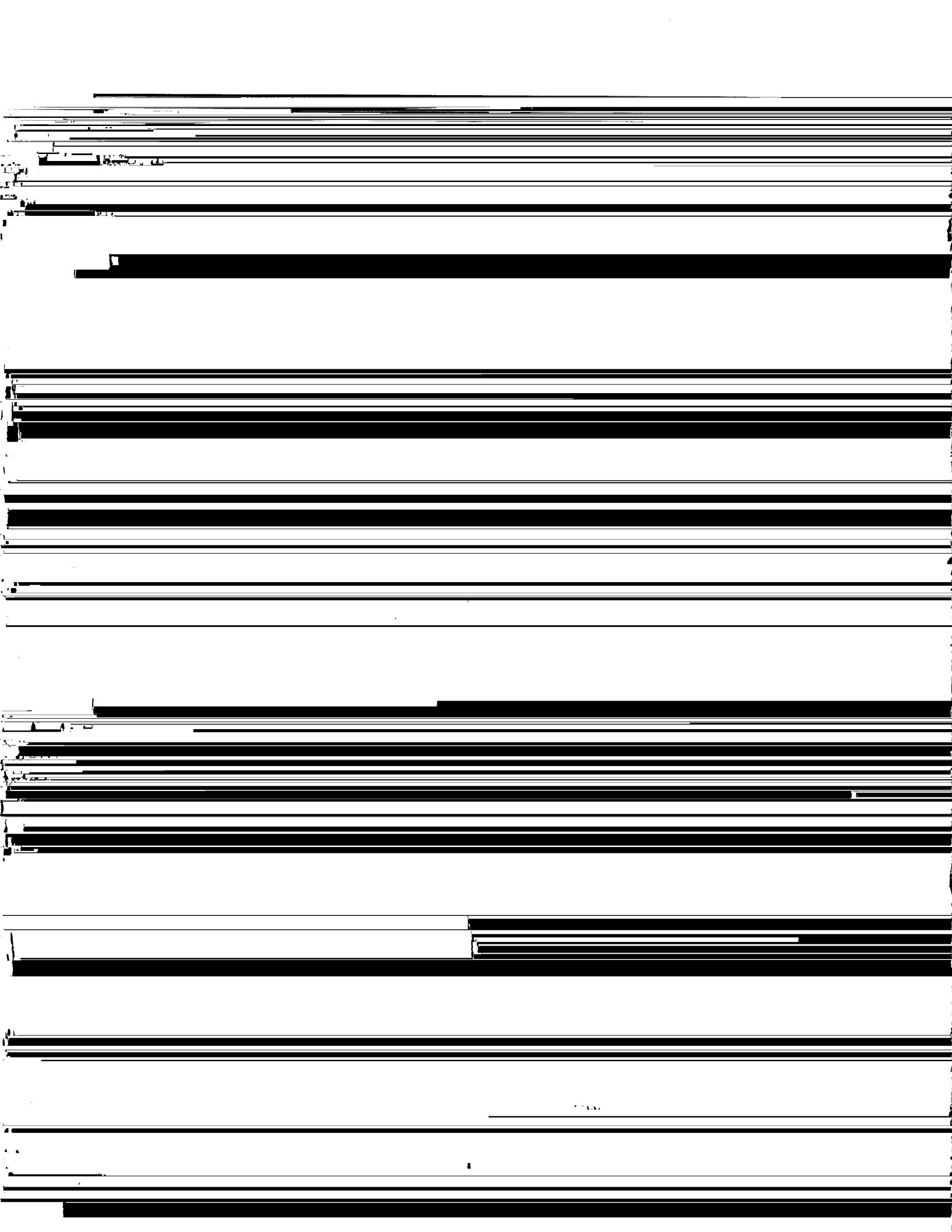
Cabell County Schools has met with the following Healthcare Providers and recommend

Cabell County Board of Education
Report of Injury

Name:

Job Title:





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

ATTENDING PHYSICIAN'S REPORT

Instructions- Give this form and the job function evaluation forms to initial medical provider.
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.

2. _____ Employee may return to work with the following restrictions:

Cabell County Schools
Job Function Evaluation

Job Title: Maintenance

Check one: _X_ Current Job ___ Alternative / Modified Job

Physical Demands:

Standing	X	Carrying	X

Cabell County Schools
Job Function Evaluation

Job Title: Maintenance

Check one: ___ Current Job _X_ Alternative / Modified Job

Physical Demands: