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

[redacted]

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

[redacted]

Cabell County Board of Education
Report of Injury
Employee's Description of Event

Name:

Job Title:

Cabell County BOE
Witness
Interview Statement

To Be Completed By Witness

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

[redacted]

1) Name of Injured Employee: _____

2) Date of Injury: _____

[redacted]

4) Did the individual appear to be injured? If so, how?

[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:

[redacted]

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

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: _____

[redacted]

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.

[redacted]

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

Hours/Day: No Restrictions 8 hours 6 hours 4 hours other _____

Days/Weeks: No Restrictions [redacted]

[redacted]

Cabell County Schools
Job Function Evaluation

Physical Demands:

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

Cabell County Schools
Job Function Evaluation

Job Title: Secretary

Check one: ___ Current Job _X_ Alternative / Modified Job

Physical Demands:

Standing		Carrying	