

Injured Employee Worksheet



WellHaven Pet Health has provided a panel of at least three physicians. You must select a physician from this Panel to treat your work-related injury. If you do not use one of these physicians for your work-related injury, you may be responsible for the cost of medical care.

Please choose from the following list:

Clinic Name:	Clinic Name:	Clinic Name:
Address:	Address:	Address:
Phone #:	Phone #:	Phone #:

Employee Checklist for Work Injury	
	Report ALL accidents no matter how small to your supervisor immediately providing specific details regarding your injury, the body part injured and the exact location where the injury occurred
	Visit a physician listed above if treatment is necessary or ER in an emergency.
	Provide the clinic with your job description and return to work form attached with this checklist
	You will be paid for time loss on the day of injury
	If you have follow-up appointments, make appointments before/after work hours if possible.
	Turn ALL notes from your physician into PM/PD
	Participate in accident investigations
	Respond to ALL questions, phone calls, and letters sent by the workers' compensation administrator regarding your claim. If you need assistance, contact PM to assist you.
	Contact Human Resources at HR@WellHaven.com if you have missed more than 3 work days
	If applicable, continue to pay for any benefit premiums while you are on a leave.
	If you are unable to return to work after injury, you will need to provide a return to work form (attached)

Work Schedule

Wellhaven will do everything possible to tailor the restricted work schedule to the injured employee's normal, pre-condition work schedule. However, depending on the job limitations, it may be necessary for the employee to take on a specifically designed, temporary schedule to accommodate these restrictions.

Payment of Wages

If qualified authorities determine an employee's injury is work-related Wellhaven will pay benefits and wages in accordance with the state workers' compensation statute and with the company's human resources policies. These benefits will be coordinated with all applicable state, federal, and company benefits.

Employees performing modified duty on a restricted workweek will receive payment for hours worked from the company. For work-related illnesses or injuries, employees may be eligible for benefit payments through workers' compensation.

An employee performing transitional duty for a non-work-related injury or illness on a normal work schedule shall receive an hourly rate for all time worked that may not necessarily equal the full-duty hourly rate.

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Employees performing transitional duty on a restricted workweek following a period of short-term disability (STD) may receive a combination of regular pay and partial disability benefits. The employee and the Wellhaven Human Resources department will work out this combination on a case-by-case basis.

Communication Expectations

If an employee cannot work in any capacity and the company approves of the absences, the employee must communicate constantly with the claims adjuster and direct supervisor. Each must receive an update of the employee's medical status on at least a weekly basis. Failure to do so may result in a reduction in available benefits and discipline up to and including termination.

Medical Appointments

Wellhaven asks that, when possible, employees to schedule medical appointments at times resulting in the least interference with work hours. Employees may use the time off for medical appointments if they have it available. Employees should inform their superiors of all medical appointments as soon as possible. Non-emergency medical appointments not scheduled in advance may cause a denial of time off.

The employee's medical provider must complete the Wellhaven Return to Work Evaluation Form for each visit to evaluate the employee's impairment. It is the employee's responsibility to inform Wellhaven of his or her medical status after each doctor visit. This applies to both work-related and non-work-related injuries and illnesses that interfere with work assignments.

Refusal to Participate

If you cannot return to your regular job but are capable of performing transitional duty, you must return to transitional duty. Employees who choose not to participate in the Wellhaven Return to Work Program or follow all regulations in this Return to Work Policy may become ineligible for state workers' compensation benefits, and, in some cases, refusal to participate may be a basis for termination. Unpaid family medical leave may apply upon refusal, and disability benefits will cease.

Family Medical Leave and Other Benefits

State or federal leave laws may provide additional rights and protections during times of illness or injury. Lost wages may be reimbursed if disability benefits are available. Contact the Human Resources department for further details

Return-to-Work Authorization Form



Patient (Employee) Name:	Doctor Visit Date:
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Return to Work Specifications

Employee may return to full-duty with no restrictions:	Return to Work Date:	
Employee is to remain off work:	From (date):	To (date):
Employee may perform modified duty (<i>outlined below</i>):	From (date):	To (date):
Employee may work limited hours per day - # of hours per day:	From (date):	To (date):
Employee will be re-evaluated on:	Date:	

Modified Duty Specifications

Activity	Never	Seldom 1 – 10% 0-1 hr	Occasional 11 – 33% 1 – 3 hrs	Frequent 34 – 66% 3 – 6 hrs	Continuous 67 – 99%	Not Restricted	Forces Weights	Occasional 0 – 32 reps	Frequent 33 – 199 reps	Continuous 200+ reps	Distance Height
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lifting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Carrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pushing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pulling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Squatting/Stooping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bending/Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bending - Elbows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bending - Waist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Twisting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Crawling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Climbing - Stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Climbing - Ladder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Climbing - Stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reaching - Overhead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reaching - Below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hand – Open/Close	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hand – Grasp (forceful)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hand - Pinch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hand – Fine Manipulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Keyboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wrist – Flex/Extension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Operate Foot Controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vibratory – High Impact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vibratory – Low Impact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Physician Authorization Signature

Physician Signature:	Print Name:	Date:
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Healthcare Center’s Name (print):

Address:

City:	State:	ZIP:
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Phone:	Fax:
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