

SEND CLAIMS TO ASC

FAX (615) 515-4838

Or

Call In: (615) 360-0257 M-F

Daytime Hours ONLY

Metropolitan Board of Public Education

OCCUPATIONAL INJURY/ILLNESS FORM

(Read Procedures on the back of this form)

Please Fax Form with 24 Hours of Injury
All Sections must be completed before faxing

FORM 100

Claim #:

Date of Report _____ Date of Injury/Illness _____ Time of Injury/Illness ____AM ____PM

SECTION 1: EMPLOYEE

Employee Name: Last Name	First Name:	Middle Initial:	Date of Birth:	Social Security Number:	Gender:
					Race:
Home Address:	City:	State:	Zip Code:	Home Phone #:	
Employee's School/Department:	Employee's Job Title:	Date of Hire:	Work Phone #:		
MNPS Employee Number:	<input type="radio"/> Certificated	<input type="radio"/> Support	Employee Work Hours: Begin Time: _____ AM End Time: _____ PM		

SECTION 2: MEDICAL RELEASE OF INFORMATION (EMPLOYEE MUST SIGN)

Medical Care Provided for Injury/Illness: No Treatment Metro IOD Clinic Emergency Room Other _____

Employee's Statement – Give details of how the accident occurred:

Body Part(s) Injured:

Nature of Injury/Illness (cut, Sprain, fracture, etc.):

Location of Accident (kitchen, stairs, etc.):

FAILURE TO AUTHORIZE RELEASE OF RECORDS MAY RESULT IN DELAY OR DENIAL OF BENEFITS.

I hereby authorize any physician, medical facility or health care provider to whom a copy or photocopy of this authorization is delivered to furnish any information, reports, or copies of records which relate directly or indirectly to the above described injury/illness, specifically including medical, dental, psychological, psychiatric and /or substance abuse records, to the Metropolitan Nashville Board of Education, the Civil Service Medical Examiner, Benefit Board and/or Metropolitan Nashville Board of Education. A photocopy shall be as valid as an original signed copy and this authorization remains in force for the duration of my claim for benefits for the condition reported hereon.

Employee Signature: _____ Date: _____

SECTION 3: SUPERVISOR

Supervisor's Statement – Please list how accident occurred as reported by employee, any unsafe acts of employee, or unsafe conditions:

Did Employee report the injury/illness immediately (within 24 hours)?: Yes No (If not, explain the reason for the delay):

Were there any Witnesses? Yes No

(1) Name: _____ Phone #: _____ (2) Name: _____ Phone #: _____

Was employee on the job performing his/her duties at the time of accident?: Yes No

Unsafe Condition (ex. No guardrail, no fire extinguisher, none, etc.):

Was a Safety Procedure Violated: Yes No

Explain:

Unsafe act of employee: (ex. Inattention to footing, not wearing safety glasses, none, etc.):

Name the object or substance that directly injured employee:

Was motorized vehicle or equipment involved? Yes No

Supervisor Name (print) _____ Supervisor Signature _____ Date _____ Phone # _____

To be completed by Workplace Safety Office

Approved By: _____ Date: _____ Denied By: _____ Date: _____

The Metropolitan Nashville Public Schools does not participate in Worker's Compensation Insurance

The District is a self-insured agency.

**PROCEDURES FOR IOD AND INSTRUCTIONS FOR COMPLETING THE
OCCUPATIONAL INJURY/ILLNESS FORM**

1. It is the responsibility of the injured employee to immediately report any injury to his or her supervisor within 24 hours of the injury and to complete the Occupational Injury/Illness form (Form 100). If the employee does not report the injury to their supervisor within 24 hours they may lose their benefit rights.
2. In a life threatening emergency immediately call 911 for transport to the nearest Davidson County hospital emergency room to the workplace.
3. The Employee is to complete all of Sections 1 and 2 of the Occupational Injury/Illness Form.
4. The Supervisor is to complete all of Section 3 of the Occupational Injury/Illness Form.
5. Fax the Form 100 Occupational Injury/Illness form to the report line. DO NOT take this form to any medical facility.
6. All statements from Supervisors and witnesses, and all medical information must be received in the Workplace Safety Office before a determination of the claim can be made.
7. The employee is to always take the Form 201 to each doctor appointment for completion. The employee must then immediately take a copy of the completed Form 201 to his/her supervisor so that they are aware of the work status and can code payroll accordingly.
8. After each medical appointment all restrictions must be discussed with the employee's supervisor who will determine whether the restrictions can be accommodated. If the restrictions cannot be accommodated, the employee is to remain at home until the next medical appointment to see if the restrictions are lifted. If restricted duty cannot be accommodated the supervisor/employee must report such to the Workplace Safety Office @ 259-8632.
9. All employees are to receive injury on duty (IOD) days up front. An employee's sick days are not to be used unless the claim is denied or if the employee does not submit the medical information to substantiate the claim. IOD days are to be coded by the school/department timekeeper.
10. Any employee off work for an injury on duty cannot work a second job. All injured employees must report a 2nd job or summer job to the supervisor and to the Workplace Safety Office.
11. Any employee working on restricted duty who has a second job must adhere to the same restrictions on the second job.
12. Any employee working on restricted duty due to an injury on duty may not work overtime hours.
13. If an accident is denied as an injury on duty, the employee may file a written appeal within ten (10) days to the Senior Director, Office of Employee Relations, 2601 Bransford Avenue, Nashville, TN. 37204.
14. Medical and physical therapy appointments cannot be cancelled without first notifying the case manager or the adjuster.
15. In the event of serious injury or death, the supervisor shall notify the department head immediately and they will notify the Workplace Safety Office @ 727-4566 or 259-8632.
16. The Family Medical Leave Act (FMLA) will automatically run concurrent with an injury on duty claim. No FMLA paperwork is required.

SUPPORT EMPLOYEES

All treatment must be provided by the Metro IOD Clinic (Monday-Friday, 7:00am -4:00pm @ 337 21st Avenue North, Nashville, TN 37203) unless the attending physician at the Metro IOD Clinic refers employee to a medical specialists or it is a life threatening injury. There will be no out of pocket reimbursements.

CERTIFICATED EMPLOYEES

All medical bills must be sent to Alternative Service Concepts, PO Box 291587, Nashville, TN 37229-1587

FRAUDULENT CLAIMS

An employee that knowingly falsifies information regarding the circumstance of his/her purported injury or their continued convalescence and recovery will be held liable for the expense of this claim and may be subject to disciplinary action to include termination.