



On-The-Job Injury Program Acknowledgement Form

CMCSS Safety and Health Department
621 Gracey Avenue Clarksville, TN 37040

931-920-7917 931-920-7836, 931-920-7806, 931-920-7976, 931-920-7827

Upon completion of the Annual Employee Training, the employee is acknowledging all information on this form.

I understand that eligible requirements for employees are outlined in the OJI Program (OJI-PRO1) at www.cmcss.net. The online version of the OJI program is the official program. Therefore, all printed versions of this document and any summaries thereof are unofficial copies.

I understand in order to receive OJI benefits, it is my responsibility to file a written report about my on the job injury to my appropriate supervisor and assigned OJI Building Representative. This must occur within 24 hours of the work-related injury or illness or it will result in the OJI claim being deemed non-compensable. In the event the Representative or Supervisor is not available, I can contact the Safety and Health Department.

I understand that by completing a written report of injury (Employee Injury Statement (OJI-F003), the employee authorizes the release of his/her protected health information from health care providers. The filing of a written report of injury authorizes CMCSS Safety and Health Department to request copies of the employee's complete medical record, regardless of the stated areas of injury, and it is the responsibility of the employee to provide said complete medical record or to ensure that said complete medical record is provided to the CMCSS Safety and Health Department. Said complete medical record may be used in determining the employee's eligibility for benefits under the OJI program. If the injured employee refuses to comply with any request to furnish copies of the complete medical record, the injured employee's claim shall be closed.

I understand that I am expected to practice safety awareness and exercise good judgment and common sense in the performance of my job and while on CMCSS premises and / or job locations. I also understand that I have a duty to ensure that my physical / emotional condition is such that I have the mental clarity and physical ability to perform my assignments, responsibilities and duties as related to my job, per my job description. I understand that I should never attempt to perform a task that I have not been instructed and / or trained how to perform. I understand that when I perform a task that is within the duties of another department, I am responsible for following the safety rules of that department.

I understand that it is my responsibility to complete any OJI requirements in order to receive the benefits of the On-the-Job Injury Program. Please refer to the rules of the CMCSS OJI Program (OJI-PRO1). I understand that not all injuries, illnesses, and health conditions that occur or manifest during an employee's working hours will qualify as OJI injuries or illnesses. I understand that all non-eligible or non-compensable injuries and /or illnesses will not qualify for OJI benefits including medical treatment and employees will be responsible for their own health care for those incidents.

I understand that the OJI Program provides my Long Term Disability Insurance Policy and that OJI benefits are limited specifically to those listed in this program, i.e. medical treatment and loss of wages, and nothing more.

I understand that the purpose of the OJI Program is to provide benefits for injuries which were incurred while performing my specific job duties per my job description. I understand that voluntary participation in games, physical fitness, athletic, recreational activities, hazardous activities, or any activities that exceed the physical requirements of my job description, whether during work hours or not, is not covered under the OJI program.

I also understand that failure to follow the CMCSS Policy & Procedures, including the use of proper safety devices and / or personal protective equipment or failure to follow general safety precautions in performing ones duties will result in the OJI Claim being non-compensable and disciplinary action up to and including termination. I understand this program exists in conjunction with all CMCSS policies and regulations, including but not limited to the CMCSS OSHA Compliance Policy.

I understand that all treatment requires Safety and Health Department approval. I understand that I shall seek treatment only at authorized CMCSS-designated facilities. I understand that CMCSS has the right to choose and / or change medical providers when necessary. I understand that if I elect to seek medical treatment that has not been authorized by the CMCSS Safety and Health Department, and/or is not reported within 24 hours, that I have also elected to waive my rights to OJI benefits for the related OJI. I also understand that a member of the Safety and Health Department has the right to attend all appointments.

I understand that benefits will not be allowed for treatment that precedes the written report of injury to my appropriate supervisor and assigned OJI Building Representative, except in the case of an unavoidable, life-threatening or limb-threatening emergency situation and coverage will be the sole decision of the Safety and Health Director.

I understand that I must follow all orders given by the CMCSS-designated medical provider, as a result of my OJI, including but not limited to: using prescription medications properly; following modifications as required by medical provider; participating in physical therapy programs; and keeping all medical provider and physical therapy appointments. Failure to comply with medical provider's orders will void any future OJI benefits for the specific claim. I understand that there is no travel reimbursement for employees who are covered under the OJI program.

I understand that if I am given a modified duty assignment as a result of my OJI that I must comply with the requirements of that assigned duty in order to maintain the benefits of the OJI Program. Approved modified duty assignments are temporary in nature and will not be permanent job modifications.

If I fail to understand any part of the OJI program, it is my responsibility to seek clarification from my supervisor, Safety and Health Department, and/or obtain further info at www.cmcss.net.

Employee Name (Print)

Employee Signature

Date

School (Location)

Department