



On-the-Job Injury Information for Injured Employees

- I have received a copy of the On-the-Job Injury program. If I have not received a copy of the On-the-Job Injury program, the program is available online for all employees at www.cmcss.net under Forms, Policies, and Procedures- ([OJI-PRO1](#)). I have been advised to review this document, thoroughly, as I have filed an On-the-Job Injury Claim with the CMCSS Safety and Health Department.
- I am being advised to contact the Safety and Health Department for any questions that I may have. Office hours are 7:30-4:30pm, daily.

CONTACTS:

Safety and Health Associate/OJI Specialist
920-7917 (office number)

Safety and Health Assistant
920-7907 (office number)

Safety and Health Director
920-7836 (office number)
216-1971 (emergency cell phone number)

Safety and Health Specialist
920-7806 (office number)
257-0042 (emergency cell phone number)

Safety and Health Coordinator
920-7827 (office number)
291-2480 (emergency cell phone number)

- I am being advised of the following important information:
 - I should contact the Safety and Health Department at the above numbers if I have any questions as to my treatment under the On-the-Job Injury program.
 - It is my responsibility to fulfill any modified duty requirements. Accommodations are provided for every type of injury. CMCSS does not desire to prolong medical treatment, but desires to provide situations for the optimal performance of each employee.
 - Transportation needs are the responsibility of me, the injured employee. CMCSS assumes no responsibility of transportation needs for any individual.
 - While under care regarding my On-the-Job Injury, I am **not allowed** to take any days off work without contacting the Safety and Health Department. Days that are taken without PRIOR-physician approval will be charged to my personal leave time and is not the responsibility of the Safety and Health Department.

- Any and all communication with the OJI physician's office (i.e. rescheduling appointment date / time, change in medication, etc.) are to be made through the Safety and Health Department. All physical therapy appointments will be scheduled by the Safety and Health Department unless further authorized. These appointments will be scheduled outside of my work hours. If authorized to schedule my own appointments and they are scheduled during my normal work hours, these hours will be deducted from my personal leave time.
- All OJI claims are investigated by the Safety and Health Department. Completion of an Employee Injury Statement or attempting to file a claim does not automatically guarantee acceptance of my individual claim. Therefore, after an investigation of the OJI claim, my claim may be deemed non-compensable although I may have already seen an OJI Physician with OJI office approval.

For pharmacy needs, approved OJI medication and treatment devices are to be purchased from one of the locations listed below unless specifically advised by your medical treating provider or the Safety and Health Department. The OJI Program employs a Step Therapy protocol for prescription medications. This protocol entails the injured employee initially exploring less expensive or lower-risk medication options before considering more costly or higher-risk treatments. CMCSS reserves the right to consult with a Pharmacy Consultant prior to authorization of any non-generic medications.

- The Safety and Health Department will advise you to go to the following location for your treatment needs:

St. Bethlehem Drugs

(647-6561) *Hours are 9am-6pm 800 Weatherly Drive Suite 101A
(across from Dunlop Ln- entrance to Tennova Medical Center)*

Andy's Pharmacy

(802-5386) 801 N. 2nd St. *Hours are 8a-7p (M-Fri) 9a-2p (Sat)*

The Medicine Shoppe- Madison Street

(552-2552) 1500 Madison Street Suite 2 *Hours are 9a-6p (M-Fri) 9a-1p (Sat)*

The Medicine Shoppe- Hwy 48

(552-2558) 1756 Hwy 48 *Hours are 9a-6p (M-Fri) 9a-1p (Sat)*

- Once the claim is closed, I am advised to revisit the On-the-Job Injury Program to review the section titled "Cessation of Benefits" to view my rights under the On-the-Job Injury Program and to contact the Safety and Health Department prior to taking any further action regarding my injury.
- I have been advised to contact the Safety and Health Department if any of this information on this form needs clarification.
- I have received a copy of this form for my records.

Employee Signature

Date