

Work Related Injury Checklist

| | EE Sent to Panel for Treatment |
|---|--|
| | RTW w/ Restrictions (note given to HR) EE meets w/ EHS/Shift |
| | Supervisor/ HR to ensure understanding of work restrictions |
| | EHS/HR/Shift Supervisor all aware of follow up appointments w/ Phoenix |
| | Return to Work w/ No Restrictions: Note to HR |
| | EE Meets w/ EHS/Shift Supervisor/HR for FFD Eval |
| | Non-Panel |
| | EE Cleared by EHS to RTW w/ No Restrictions |
| | Referrals Reviewed by HR |
| | EE Meets w/ EHS/Shift Supervisor/HR for FFD Eval |
| | EE Seeks Non-HC Provider |
| | EE Returns w/ Note form own HCP: Immediately refer EE to HR & EHS. |
| | EHS Evaluates EE – FFD to RTW |
| | (Wil allow EE to RTW based on note from own HCP& EHS Evaluation until EE goes to Panel Provider) |
| | EE Provides note from Panel Provider – Note Given to HR (EE previously |
| | evaluated by EHS) |
| | EE Cleared to RTW w/ No Restrictions |
| | EE Refused Treatment |
| | EE signs Declination w/ EHS & Supervisor |
| | EHS Evals EE to determine FFD |
| П | EE RTW- No Restrictions (Based on EHS Eval) |