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**WORKERS' COMPENSATION CLAIM ACKNOWLEDGEMENT**

**THE EMPLOYEE MUST DO THE FOLLOWING:**

**REPORT INJURY**

**Immediately notify the School Nurse and Building Administrator or Supervisor\*.**

Call Toll Free: **1-888-770-0925 (Company Nurse)** to report the injury on the day of occurrence. If the injury is life or limb threatening, call 9-1-1.

The Workers' Compensation Representative for your workplace location will give you the following documents:

- ✓ Panel of Physicians (POP)
- ✓ Company Nurse Wallet Card
- ✓ VaCorp Understanding the Virginia Worker's Comp Claims Process Form
- ✓ Company Nurse E-Z Reference Guide
- ✓ VaCorp Injury Reporting Flowchart

**PANEL OF PHYSICIANS**

Review and sign this document indicating your acceptance or denial of treatment from a Panel Physician (**except in case of an emergency\*\***).

If you **opt to seek** medical treatment from a Panel Physician, strive to visit the medical facility of choice on the day of your injury.

**RETURNING TO WORK**

**It is the employee's responsibility** to submit valid medical notes including the Medical First Report from the treating Panel Physician within 24 hours of his/her visit. **Submit this information to the Building Administrator or Supervisor and to Vera Fox in the Office of Human Resources.** The document(s) can be submitted to the Office of Human Resources via fax at 540-834-2551 (secured fax line).

I have read and understand the Workers' Compensation Claim Acknowledgement and have reviewed and signed the Panel Physicians' document.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Printed Name

**\*All workplace injuries must be immediately reported to Company Nurse.**

\*\*In case of an emergency, the School Nurse, Administrator or Supervisor will immediately sign this document. The injured employee will sign after their situation stabilizes.

Website: [www.spotsylvania.k12.va.us](http://www.spotsylvania.k12.va.us)  
Telephone: (540) 834-2500, ext. 1500

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