



Friendswood Independent School District
302 Laurel, Friendswood Texas 77546
Phone: 281-482-1267 Fax: 281-996-2606

Workers' Compensation Injury Instructions

The following information must be completed for all Work Comp injuries regardless of whether medical attention is needed:

1. First Report of Injury – must be completed online immediately by campus/department designated personnel. To fill out a First Report of Injury go to www.tasbrmf.org

The following must be completed if seeking medical treatment:

2. Verification of Employment for Reported Workers' Compensation Injury or Illness – completed by designated personnel and given to employee **immediately** to take with them to the treating facility
3. OPTUM Prescription Card - Completed by campus/department designated personnel and given to employee **immediately** before employee leaves for treatment for initial prescription fill at no cost to the employee
4. Employee Acknowledgment of the Alliance – Must be signed by employee and returned **immediately** to the benefits office

This form must be complete if injury results in an absence from duty:

5. Election of Leave Benefits with Workers' Compensation – Must be completed, signed by the employee and sent **immediately** to the benefits office

This report will be completed by a treating physician:

6. Texas Workers' Compensation Work Status Report – Must be completed each time the employee is seen by a physician/clinic. Please see instructions below based on box selected by physician
 - a. Medical Treatment Only – before returning to work this must be completed by the attending physician releasing the employee to work
 - b. Medical Treatment and Absence from Duty – this form must be completed at each visit to the attending physician detailing any restrictions and when released to full duty
 - c. This form must be given to the benefits office **immediately via fax or email**

It is the employee's responsibility to communicate with the benefits coordinator immediately following every doctor's visit.

For Employee Information (give these copies to the employee):

7. Employee Notice of Alliance Requirements
8. Notice of Injured Employee Rights and Responsibilities in the Texas Workers' Compensation System

**For any questions relating to Workers' Compensation please contact
Tara Langston, Benefits Coordinator at 281-482-1267 or tlangston@fisdk12.net**