



WORKERS' COMPENSATION INJURY REPORT PACKET

REQUESTING MEDICAL TREATMENT

- 1. COMPLETE the Employer's Report of Occupational Injury or Illness (CA Form 5020)**
To be completed/signed by Supervisor or Manager
- 2. COMPLETE the Workers' Compensation Claim Form (DWC-1)**
Employee: Complete the "Employee" top section of the form and give it to your Supervisor.
Supervisor: Complete the bottom "Employer" section. Provide a copy to the employee along with the pages outlining their rights. This must be completed within **one working day** of the injury.
- 3. COMPLETE the Body Diagram**
To be completed and signed by the Employee.
- 4. COMPLETE Supervisor's Incident Investigation Report**
Completed and signed by the Supervisor or Manager.
- 5. PROVIDE First Fill Prescription Form**
This form is an instant access card for the initial (first) prescription fill.
- 6. SCAN all completed forms, in color, to CorVel and Risk Management Staff via email:**
FNOL_FAX@CorVel.com and wcinjuries@oxnard.org. For Police Dept injuries, please CC Eva Vazquez at eva.vazquez@oxnardpd.org.

*Supervisor/Manager - Before allowing injured employee to return to work, injured employee must provide his/her supervisor and/or manager with a copy of doctor's note releasing the injured employee back to work, either to full duty or modified duty.

** If work restrictions are prescribed by the doctor, a Temporary Modified Duty (TMD) Agreement must be completed noting the temporary modified duty assignment the department has identified for the injured employee.

DECLINING MEDICAL TREATMENT

If the employee declines medical treatment, they must complete and sign the **Reporting Only - Declination of Medical Treatment** form. Upon completion, supervisor forwards Declination form to CorVel and Risk Management via email to: FNOL_FAX@CorVel.com and wcinjuries@oxnard.org. For Police Dept injuries, please CC Eva Vazquez at eva.vazquez@oxnardpd.org.

All documents listed above are located at oxnardhr.org/workers-compensation.

NOTICE: ANY PERSON WHO MAKES OR CAUSES TO BE MADE ANY KNOWINGLY FALSE OR FRAUDULENT MATERIAL STATEMENT OR MATERIAL REPRESENTATION FOR THE PURPOSE OF OBTAINING OR DENYING WORKERS' COMPENSATION BENEFITS OR PAYMENTS IS GUILTY OF A FELONY.