303 N. Church Street
Murfreesboro, TN 37130

RUTHERFORD COUNTY GOVERNMENT
"ON-THE-JOB INJURY" *CLAIM REPORT*

Phone (615) 898-7715
Fax (615) 713-3441

Claim ☐ Report only ☐

Claim # _____ (Office Use Only)

Date of Injury: _____ Time of Injury: _____ ☐ AM ☐ PM

Date of Report: _____

As is allowed by T.C.A. 50-6-106, Rutherford County (RC) has opted to withdraw from the Tennessee Workers' Compensation Act, and instead has chosen to implement an On-The-Job Injury Program administered by the Rutherford County Insurance and Risk Management Department.

Employee Name		**Gender** ☐ F ☐ M		**Date of Birth**	
Address				**Date of Hire**	
City		**State**	**Zip**	**Social Security No**	
Phone		**Work Phone**		**Email Address**	
Work Location					
Injury Location		**Time employee began work on the date of injury:** ☐ AM ☐ PM			

Affected area (please "X" all appropriate areas). (If multiple areas are affected, please "X" all areas that apply).

☐ Ankle	☐ rt	☐ lft	☐ Elbow	☐ rt	☐ lft	☐ Groin			☐ Mouth	☐ Stomach									
☐ Arm	☐ rt	☐ lft	☐ Eye	☐ rt	☐ lft	☐ Hand	☐ rt	☐ lft	☐ Neck	☐ Shoulder	☐ rt	☐ lft							
☐ Back	☐ up	☐ lwr	☐ Face			☐ Head	☐ rt	☐ lft	☐ Nose	☐ Thigh	☐ rt	☐ lft							
☐ Buttock	☐ rt	☐ lft	☐ Finger	☐ rt	☐ lft	☐ Hip	☐ rt	☐ lft	☐ Ribs	☐ Toe	☐ rt	☐ lft							
☐ Cheek	☐ rt	☐ lft	☐ Foot	☐ rt	☐ lft	☐ Jaw	☐ rt	☐ lft	☐ Teeth	☐ Wrist	☐ rt	☐ lft							
☐ Chest	☐ rt	☐ lft	☐ Forehead	☐ rt	☐ lft	☐ Knee	☐ rt	☐ lft	☐ Throat										
☐ Ear	☐ rt	☐ lft	☐ Genital			☐ Leg	☐ rt	☐ lft	☐ Skin										

Injury Type (please X)

☐ Burn	☐ Cut	☐ Human Bite	☐ Animal Bite	☐ Slip/Fall	☐ Vehicle
☐ Chemical	☐ Lifting	☐ Insect Bite	☐ Machine Injury	☐ Student Assault	☐ Other _____

Describe - please enter details of events causing injury. (Please be sure to enter what employee was doing just before the injury occurred.)

I hereby understand that all OJI Claims are investigated by the Rutherford County (RC) Insurance and Risk Management Department. Completion of an OJI Claim Report and/or an Employee Injury Statement or attempting to file a claim does not guarantee acceptance of the individual claim. Therefore, after a full Investigation of my claim, my claim may be non-compensable although I may have already seen an OJI Physician with OJI office approval. If that occurs, bills prior to the investigation will be paid in full by the Risk Management Department and I understand that I will be responsible for any further treatment or medication. I also understand that any unauthorized treatment or failure to seek medical treatment within 7 days of the injury will terminate my OJI benefits. I also hereby authorize the release of my protected health information from any and all health care providers, their employees, and agents and direct them to release or disclose to RC Insurance and Risk Management Department (address above) my complete medical record regardless of stated areas of injury. I waive my right to confidentiality of these records for the purpose of an on-the-job injury. These records may be used by the RC Insurance and Risk Management Department in making a determination as to my eligibility for benefits under the On-The-Job Injury Program. Unless otherwise stated, this authorization expires 365 days from the date of execution. Making a false or fraudulent claim is immediate grounds for termination from Rutherford County. I also understand the Safety Coordinator or their representative has the right to attend all visits with me and my physician. A physician must be selected from the list below.

☐ **CareNow-3031 Medical Ctr Pkwy**
Murfreesboro, TN 37129
Phone (615) 846-8585

☐ **CareNow-2105 Memorial Blvd**
Murfreesboro, TN 37129
Phone (615) 410-4099

☐ **Physicians Medical**
1525 South Church St.
Murfreesboro, TN 37130
Phone (615) 217-7236

☐ **Concentra-1203 Memorial Blvd**
Murfreesboro, TN 37129
Phone (615) 895-4855

☐ **Concentra-1332 Hazelwood Dr**
Smyrna, TN 37167
Phone (615) 267-2006

☐ **American Family Care**
985 Industrial Blvd
Smyrna, TN 37167
Phone (615) 984-1000

☐ **Middle TN Occup. & Envir.**
1227 Heil Quaker Blvd.
LaVergne, TN 37086
Phone (615) 641-3080

INFORMATION: Injury must be reported to the supervisor / Department Head immediately or within the current working shift. Care / treatment may be sought after the injury has been reported. Fax all completed forms to the Insurance & Risk Management Department @ (615) 713-3441.

Name of Supervisor Notified: _____ Date: _____ Time: _____

Has Employee scheduled a doctor's appointment.

Schedule Drs. Appointment: ☐ Yes ☐ No If so, Appt. Date: _____ Time: _____ ☐ AM ☐ PM

Employee Signature: _____ Date: _____

Form revised September 2020

OJI CLAIM REPORT