employer solutions staffing group

7301 Ohms Lane / Suite 405 / Edina, MN 55439
Phone: (952) 767-0053 Fax: (952) 767-0740
Email Address: wc@employersolutionsgroup.com

Employee's Report of Injury
(to be completed by the employee)

Employee's Name: Groves (Last) Sheryl (First) Lee (Middle) Male ☐ Female ☑

Date of Birth: 11 / 28 / 1955 Telephone#(720) 499-4753

Home Address: P.O. Box 467

City: Hygiene State: CO Zip Code: 80533

Name if Company: CMG Job Title: Temp

Social security No: 370-62-0509 Rate of Pay: $11.00

Location of Accident: Trade (Name of building) Middle (Area(loading dock))

Date of accident: 10/06/2016 Time of accident: 2:25pm

Please describe fully how the accident occurred:

I was returning to my work station after my last break. I was walking on cement floor towards the black mat where I noticed a black trash tub that normally sits under the conveyor belt was now in the middle of the black mat blocking the aisle. Seeing

(Continue on the back side, if necessary)

Please describe Bodily injury sustained, Be specific about body part(s) affected:

As I tripped, I fell onto my kneew towards the left and injured left hand. I felt sharp burning pains in hand, around middle knuckles. I feel some soreness on left side of torso from trying to catch myself as I fell.

If medical treatment was provided, please include name, address, and phone # of Facility:
U.S. HealthWorks 1860 Industrial Circle, Ste. D Longmont, CO 80501

Name of your Supervisor: Val (Leanin Tree Trade) Jamie (CMG)

Name(s) of witness(es): Please check with Val as she was asking around after the incident

(attach witness(es) report(s)

When did you report the accident to your Supervisor? Immediately after the incident, about 2:30pm

Signature of Employee: Sheryl Lee Groves
Sheryl Lee Groves (Oct 11, 2016) Date: Oct 11, 2016

Employee's Form

employer solutions staffing group LLC
Leveraging Resources in a Changing Market

7301 Ohms Lane Suite 405 Edina, MN 55439
Phone: (952) 767-0053 Fax: (952) 767-0740
Email Address: wc@employersolutionsgroup.com

Employee's name: Sheryl Lee Groves Phone Number 720-499-4753

Date of injury: 10/06/2016 Date Reported 10/06/2016

Please complete this Questionnaire as accurately as possible to help process your injury information. Incompletion of this form may affect or cause delay of claim.

How are you feeling now?

Please tell me the nature of your injury. Where does it hurt? What type of injury? (strain, sprain, cut, bruise, ect…)

I finished my shift and immediately drove to the clinic and was seen by Dr. Kistler. After visually inspecting my left hand, he said that he would not be surprised if my ring finger knuckle had a small fracture . I went for an xray the next day and then w

Have you experienced an injury like this before?

No

Please tell me what you were doing when the injury occurred?

Returning from last break, walking towards work station

Is this part of your normal job functions? , If not what training did you receive prior to this Job Function?

Yes

What tools and equipment were you using at the time of injury?

N/A

Please describe the training you received prior to using this equipment.

N/A

Is there anything else you can tell us about how the injury occurred?

No

Sheryl Lee Groves
Sheryl Lee Groves (Oct 11, 2016)

Signature of Employee

Oct 11, 2016

Date

employer solutions staffing group

7301 Ohms Lane / Suite 405 / Edina, MN 55439
Phone: (952) 767-0053 Fax: (952) 767-0740
Email Address: wc@employersolutionsgroup.com

Employee Restriction Responsibility Form

In the event that you must seek further medical attention, you are obligated to inform the treating physician that Employer Solution Staffing Group, LLC is willing to accommodate modified job duties.

Complete an Attending Physician's Return to Work Recommendations Record after each visit, and drop it off the day of the appointment with the Human resources Department.

Know your restrictions and be aware of them at all times.

Please do not attempt tasks that exceed the restrictions. If a question exists about the task(s) at hand and your restrictions, advise your supervisor immediately.

The medical restrictions are in effect 24 hours per day. Exercise in your personal time to see that the *restrictions* are maintained. If you have hobbies or other outside interests, consult with the treating physician on extra restrictions and possible side effects.

Employees who conduct activities which are inconsistent with medical restrictions and/or treatment patterns, either on or off the job site, are subject to disciplinary actions.

(initial). SLG SLG _____ I have read, understand; and agree to the above responsibilities

(initial) SLG SLG _____ I acknowledge that I have received a separate copy of this form.

Sheryl Lee Graves
Sheryl Lee Groves (Oct 11, 2016)
_____ Oct 11, 2016

Employees Signature Date

Sheryl Lee Groves

Employee please print your name here

AUTHORIZATION FOR THE RELEASE OF INFORMATION

Re: _____ Birthdate: _____

Address: _____ S.S.N.: _____

This will authorize employee's choice of medical provider/facility
(Medical Provider/Facility)

to release to an authorized representative of Corporate Management Group and/or Employer Solutions Staffing Group, LLC any and all medical and/or treatment records maintained while I am/was a patient at the above facility ***at any and all dates and times***, and further authorizes said entities to re-disclose the medical records to independent medical evaluators, vocational evaluators, rehabilitation providers, photocopying services, investigators, state agencies, other relevant employers and insurers and their attorneys, and any other individual or entity related to this litigation.

The information to be disclosed is:

X	Entire Medical Record for All Dates	X	Operative Reports
X	History/Physical	X	Psychological Tests/Reports
X	AIDS/HIV Records	X	Correspondence
X	Consultation Reports	X	Discharge Summaries
X	X-Ray/Scan Reports and Films	X	Diagnostic Testing Reports and Films
X	Pathology Reports	X	Any and all chart notes, narrative reports, billings and medical records
X	Laboratory Reports	X	Mental Illness/Chemical Dependency, and/or alcohol abuse records
X	Other (Specify)_____		

The information is needed for the following purpose: workers' compensation.

I authorize the use and disclosure of my individually identifiable health information as described above.

I understand that if the person or organization I authorize to receive the information is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations and could be re-disclosed.

I understand that my receiving treatment, payment, enrollment or eligibility of benefits is not conditional on my signing this form.

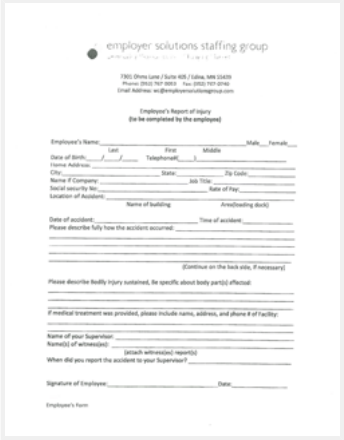
I understand that I may revoke this consent at any time by notifying, in writing, the healthcare facility listed above. Revoking this authorization does not apply to information that has already been released under this authorization. Upon fulfillment of the above-stated purposes, this consent will automatically expire. A photocopy or fax of this authorization is as valid as the original bearing my signature.

Dated: Oct 11, 2016

Sheryl Lee Groves
Sheryl Lee Groves (Oct 11, 2016)
(Signature of Patient or Guardian)

_____
(Relationship to Patient if signed by Guardian)

_____
(Reason Patient is unable to sign)



employer solutions staffing group

Injury Report forms: For Employee

Adobe Sign Document History 10/11/2016

Created:	10/06/2016
By:	Caitlin Scholl (Caitlin@corpmgmtgroup.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAuxL2yRqnEi-N0_4V1OlDk2lW5prXYY57

"Injury Report forms: For Employee" History

Document created by Caitlin Scholl (Caitlin@corpmgmtgroup.com)
10/06/2016 - 4:38:10 PM MDT- IP address: 96.93.208.65

Document emailed to Sheryl Lee Groves (sherylleegee@gmail.com) for signature
10/06/2016 - 4:38:42 PM MDT

Document viewed by Sheryl Lee Groves (sherylleegee@gmail.com)
10/07/2016 - 9:34:17 PM MDT- IP address: 66.102.6.26

Document viewed by Sheryl Lee Groves (sherylleegee@gmail.com)
10/10/2016 - 9:21:22 PM MDT- IP address: 66.249.84.157

Document e-signed by Sheryl Lee Groves (sherylleegee@gmail.com)
Signature Date: 10/11/2016 - 11:55:03 AM MDT - Time Source: server- IP address: 73.34.104.24

Signed document emailed to Caitlin Scholl (Caitlin@corpmgmtgroup.com) and Sheryl Lee Groves (sherylleegee@gmail.com)
10/11/2016 - 11:55:03 AM MDT