

Wallet Card – Employee Version

FRONT

If You Are Injured At Work

1. Go to **Medical Facility** with Supervisor/Manager.
2. Bring **Work Ability Form** with you.
3. Participate in weekly Transitional duty in-person meetings at work if on transitional duty.
4. Call **Risk Management@ 954 602-3835** with questions.

Workers' Comp Kit®

Wallet Card – Supervisor Version

FRONT

If You or An Employee is Injured at Work

1. Accompany employee to **Medical Department**.
2. If Emergency, **call 911**.
3. Take **Work Ability Form** to doctor.
4. Document accident investigation thoroughly.

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BACK

Si Usted O Un Empleado Se Lesiona En El Trabajo

1. Acompañe al empleado a **Medical Departamento**.
2. Para Emergencia, llame al **911**.
3. Documente cuidadosamente la investigación del accidente.
4. Planifique visitas semanales con el empleado.

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