



Nature and Cause of Accident:

16a. Machine, tool, or object causing injury or illness (specify part of machine, etc.)
16b. What safeguards were provided?
16c. Were safeguards utilized by employee? Yes [ ] No [ ]
16d. If not, explain:
17. Describe in detail how the accident happened:
18. Describe nature of injury or illness, including specific parts of body affected:
19. Was on site minor first aid administered? Yes [ ] No [ ]
20. Were University Police notified? Yes [ ] No [ ] If so UPD report #
21. Does the employee need to seek medical treatment? Yes [ ] No [ ]  Note: Treatment must be with an approved panel physician. The panel of physicians is located on the GMU Human Resources and Payroll website ( <a href="http://hr.gmu.edu/workerscomp/wc.php">http://hr.gmu.edu/workerscomp/wc.php</a> ) or by calling the Benefits team at 703.993.2600. <b>Cases requiring immediate medical attention may proceed to closest emergency facility.</b>
22a. Are temporary modified duties required? Yes [ ] No [ ]
22b. Will additional medical treatment by a physician be necessary? Yes [ ] No [ ]
23a. Has employee returned to work? Yes [ ] No [ ] 23 d. Has employee lost time as a result of incident Yes [ ] No [ ]
23b. If yes, date of return:
23c. If no, probable length of disability (doctor's estimate):

Comments:

*Falsification of State records is a Group III offense, which may result in discharge. I certify the above information is true and complete.*

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_ Phone No. \_\_\_\_\_

## Supplemental Information

Employee's Name:
Date of Injury/Illness:

### Part II- To be completed by Employee's Supervisor. (Please answer all questions completely.)

1a. Date when you first knew of the accident:
1b. By whom were you first notified:
2a. Do you concur with the employee's statements in Part I? Yes [ ] No [ ]
2b. If no, what discrepancies do you observe?
3a. Was the injury/illness job related?: Yes [ ] No [ ]
3b. Did incident occur during employees normal job duties?: Yes [ ] No [ ]
3c. Did incident occur on agency owned/maintained property?: Yes [ ] No [ ]
4a. Was the employee on duty?: Yes [ ] No [ ]
4b. If not, was employee on employer premises as a condition of employment?: Yes [ ] No [ ]
4c. If not, was employee on employer premises as a member of the general public?: Yes [ ] No [ ]
4d. If the injury/illness occurred off employer premises, was employee present as a condition of employment or in travel status and engaged in work or travel function?: Yes [ ] No [ ]
5a. Was a safety appliance or regulation established at time of accident/illness?: Yes [ ] No [ ] N/A [ ]
5b. Was employee aware of the safety appliance or regulation at time of accident/illness?: Yes [ ] No [ ] N/A [ ]
5c. Was the safety appliance or regulation in use at time of accident/illness?: Yes [ ] No [ ] N/A [ ]
5d. Was the accident caused by employee's failure to use safety appliance or observe regulations?: Yes [ ] No [ ] N/A [ ]
Explain:
6. How could the injury/illness have been prevented?
7. What precautions have been taken to prevent future accidents of this nature?
8. Supervisor(s) who should be notified of employees schedule and/or job modifications (list name and contact information)

Comments:

Supervisor's Signature and Title: \_\_\_\_\_

Date: \_\_\_\_\_



Human Resources & Payroll  
4400 University Drive, MS 3C3, Fairfax, Virginia 22030  
Phone: 703-993-2600; Fax: 703-993-2601

**Panel of Physicians- Initial Visit  
(Virginia)**

**SUBJECT: Panel Physician Selection**

**If you are an employee injured in a work-related accident and require immediate care, please report to the nearest medical facility for treatment. For all other work-related injuries or illnesses requiring a medical evaluation, you must seek treatment from one of the practices listed on Page 2.**

**Please indicate your choice of physician on Page 3, sign, and return this form as soon as possible.**

All treatment and referrals must be reported to your supervisor and the Workers' Compensation office as soon as possible. Even if you are not seeking medical treatment, you must complete and return this form to the Workers' Compensation office.

If you have questions regarding any part of the Workers' Compensation process, please contact a Benefits and Workers' Compensation Specialist at 703.993.2600 or [benefits@gmu.edu](mailto:benefits@gmu.edu).

The completed form needs to be sent to:

**GMU Benefits**  
**Human Resources & Payroll**  
**Email: [benefits@gmu.edu](mailto:benefits@gmu.edu)**  
**Fax: 703.993.2601**  
**4400 University Drive, MSN 3C3**  
**Fairfax, VA 22030**

**NOTE: You do not have to see doctor listed if s/he is not available. See first available in practice.**

<b>Providers for Initial Visits</b>		
<b>Kaiser Permanente - if you have Kaiser go to your primary care physician</b>	Kaiser Permanente – Primary care physician’s office	
<b>Virginia Hospital Center</b> Dr. Peter A. Vasquez	1625 N George Mason Dr. #475 Arlington, VA 22205	703.717.4245
<b>Inova Primary Care Center- Ballston</b> Dr. Alan W. Richey	1005 North Glebe Road #160 Arlington, VA 22201	571.492.3045
<b>Inova Emergency Care Center</b> Dr. Amit Chandra	6355 Walker Lane Alexandria, VA 22310	703.797.6800
<b>Inova Emergency Care Center- Fairfax</b> Dr. George W. Jastrzebski	4315 Chain Bridge Road Fairfax, VA 22030	703.877.8200
<b>Inova Primary Care - Dulles South</b> Dr. Catherine Pipan	24801 Pinebrook Road #202 Chantilly, VA 20152	703.722.2510
<b>Inova Urgent Care of Vienna</b> Dr. Nandini Koka	100 Maple Ave. W Vienna, VA 22180	703.938.5300
<b>Inova Urgent Care of Centreville</b> Dr. Jasmin Kilayko Cole	6201 Centreville Road Suite 200 Centreville, VA 20121	703.830.5600
<b>Inova Urgent Care of Purcellville</b> Dr. Eugenie Charles	771C E Main St. Purcellville, VA 20132	540.338.4995
<b>Inova Emergency Care Center-Resto</b> Dr. George W. Jastrzebski	11901 Baron Cameron Avenue A Reston, VA 20190	703.668.8333
<b>Inova Emergency Care Center- Leesburg</b> Dr. William E. Hauda	224 Cornwall Street NW Leesburg, VA 20176	703.737.7520
<b>Inova Emergency Care Center- Lorton</b> Dr. Da Hye Hwang	9321 Sanger Street Lorton, VA 22079	703.982.8400
<b>Inova- Urgent Care Center- Woodbridge</b> Dr. Carlos Martinez	14605 Potomac Branch Drive Suite 210 Woodbridge, VA 22191	571.492.3070
<b>Patient First- Fairfax</b> Dr. Minh K. Tran	10100 Fairfax Blvd. Fairfax, VA 22030	703.679.1876
<b>Patient First- Alexandria</b> Dr. Isaac Yoon	6311 Richmond Highway Alexandria, VA 22306	703.647.6087
<b>Patient First-Leesburg</b> Dr. Khurram Ali	601 Potomac Station Drive Leesburg, VA 20176	703.840.1396
<b>Patient First-Chantilly</b> Dr. Chongfei Jin	3918 Centreville Road Chantilly, VA 20151	703.657.6925
<b>Patient First- Manassas</b> Dr. Starina Jose	9715 Liberia Ave Manassas, VA 20110	571.229.1797
<b>Patient First-Garrisonville</b> Dr. Rod Johnson	60 Prosperity Lane Stafford, VA 22556	540.658.2811
<b>Patient First- Fredericksburg</b> Dr. Rod Johnson	3031 Plank Road Fredericksburg, VA 22401	540.736.5043
<b>Patient First – Falls Church</b> Dr. Delbert Morales	502 West Broad Street #2 Falls Church, VA 22046	571.421.8431
<b>Patient First – Gainesville</b> Dr. Neelu Kaliani	14800 Lee Hwy Gainesville, VA 20155	703.743.7017
<b>Virginia Urgent &amp; Primary Care</b> Dr. Siddhi Joshi	5501 Backlick Road Ste 105 Springfield, VA 22151	703.564.5998
<b>Novant/UVA – Prince William Medical Center</b> Dr. Stephen Smith	8700 Sudley Road Manassas, VA 20110	703.369.8000

**\*Please select a clinic/emergency from the previous page and enter it below. Unless you need to seek emergency care, this must be the first place you go to receive medical care.**

The Doctor I have selected is \_\_\_\_\_.

\_\_\_\_\_ I **am seeking** medical treatment.

\_\_\_\_\_ I **am not seeking** medical treatment at this time. However, I understand that if medical treatment becomes necessary I must use the physician I have selected above.

**NOTE: You may not choose a chiropractor or a physical therapist as a primary source for treatment. All visits to chiropractors and/or physical therapists must have a referral from a licensed physician.**

**ACKNOWLEDGMENT**

I have reviewed the panel of physicians provided. I will notify the physician's office that this may be a work related injury/illness and that the carrier is the Commonwealth of Virginia, Managed Care Innovations. The billing address for claims is P.O. Box 1140 Richmond, VA 23218. Physicians may obtain claim confirmation through Workers' Compensation Office, 703.993.2600 or [benefits@gmu.edu](mailto:benefits@gmu.edu)

Initial Here: \_\_\_\_\_

**RELEASE OF INFORMATION:**

In order to safeguard your privacy, the Workers' Compensation Office requests your signed consent to furnish information regarding your medical status and sick and/or personal leave balances to your supervisor, GMU departments of Human Resources & Payroll, and/or the ADA committee "on a need to know basis". Workers' Compensation Office asks that you consent to the acquisitions or release of such information in writing. So far as possible, this information will be kept confidential.

Initial Here: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you need further information regarding this procedure, please contact the Virginia Workers' Compensation Commission at (804) 367-8600.