

# FILING INJURY/ILLNESS AND RETURN TO WORK FORMS FOR SANTA CRUZ COUNTY VOLUNTEER FIREFIGHTERS

## Contacts for Workers Compensation Claim Reporting and Documentation

*Santa Cruz County Fire Analyst: Melissa Scalia*  
*P.O. Drawer F-2, Felton, CA 95018*  
*Phone: 831-335-6734*  
*Confidential FAX: (831) 335-6714*

*Company Officer:* \_\_\_\_\_

*Battalion Chief:* \_\_\_\_\_

### 1. PROVIDENT FIRST NOTICE OF CLAIM

*PBG-CL-008-MUL-0714 (07-2014)*

1. Volunteer must complete, sign, and submit form.
2. Battalion Chief must review and sign.
3. Write "Santa Cruz County Fire" on the top of the form.
4. Fax Immediately to the Confidential FAX at: (831) 335-6714.
5. Mail a hard copy to the County Fire Analyst
6. Send original to Provident

### 2. FORM 5020

*State of California Employer's  
Report of Occupational Injury or Illness*

1. Battalion Chief, not Volunteer, must complete, sign, and submit form.
2. Write "Santa Cruz County Fire" on the top of the form.
3. Fax Immediately to Confidential FAX at: (831) 335-6714.
4. Mail a hard copy to the County Fire Analyst

### 3. SCIF 3301/DWC FORM 1

*State of California Employee's Claim for  
Workers' Compensations Benefits*

1. Volunteer and Battalion Chief must complete, sign, and submit form.
2. Write "Santa Cruz County Fire" on the top of the form.
3. Fax Immediately to the Confidential FAX at: (831) 335-6714.
4. Mail a hard copy to the County Fire Analyst

### 4. DWC-1 DECLINATION FORM

1. Battalion Chief and Volunteer must complete, sign, and submit form ***if Volunteer refuses*** a copy of the DWC 1 form.

### 5. COUNTY FIRE MEDICAL TREATMENT RETURN TO WORK FORM

&

### 6. COUNTY FIRE PHYSICAL AND MENTAL STRESS JOB DESCRIPTION

- **Battalion Chief gives Volunteer:**
  1. County Fire Medical Treatment/Return to Work
  2. Physical and Mental Stress Job Description
- **Volunteer gives Physician:**
  1. County Fire Medical Treatment/Return to Work.
  2. Physical and Mental Stress Job Description
  3. Physician identifies work status and/or restrictions.
  4. Physician MUST sign and date both forms
  5. Have the Physician indicate "Workers Compensation" on any prescriptions given.
- **Volunteer then gives the Battalion Chief the following forms, signed by Physician.**
  1. County Fire Medical Treatment/Return to Work.
  2. Physical/Mental Stress Job Description.
  3. Volunteer immediately faxes both forms to Confidential FAX at: (831) 335-6714.
  4. ***AFTER EACH DOCTORS VISIT: The Volunteer must immediately fax and then mail hard copies of the County Fire Medical Return to Work Form to the County Fire Analyst.***
  5. This process continues until the physician either releases the Volunteer to Full Duty or declares the Volunteer unable to return to work in any capacity.

**It is imperative that you stay in contact with your Company Officer, Battalion Chief, and County Fire Analyst throughout this process to ensure that all claims are processed in accordance with California Workers Compensation regulations.**