303 N. Church Street, Suite 100
Murfreesboro, TN 37130

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

Phone (615) 898-7715
Fax (615) 713-3441
Email: safety.oji@rutherfordcountytn.gov

Claim ☐ **Report only** ☐

Claim # _____ (Office Use Only)

Date of Injury: _____ Date of Report: _____

Time of Injury: _____ ☐ AM ☐ PM

As is allowed by T.C.A. 50-6-106, Rutherford County 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 _____
Home 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	☐ rt	☐ lft	☐ Mouth	☐ Stomach	☐ rt	☐ lft
☐ 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 ☐ Chemical ☐ Cut ☐ Lifting ☐ Human Bite ☐ Insect Bite ☐ Animal Bite ☐ Machine Injury ☐ Slip/Fall ☐ Student Assault ☐ Vehicle ☐ 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 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 determined to be non-compensable although I may have already seen an OJI Physician with OJI office approval. If that occurs, bills prior to the conclusion of the investigation will be paid in full by the OJI Plan 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 the Insurance & 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 Insurance & 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. 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

☐ **CareNow - Smyrna**
570 Sam Ridley Pkwy W
Smyrna, TN 37167
Phone (615) 984-2940

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

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

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. When claim form is completed employee or supervisor should send the report to the Insurance & Risk Management Department to (615)714-3441 or email to safety.oji@rutherfordcountytn.gov.

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

Employee Signature: _____ Date: _____

Form revised February 13, 2025

OJI CLAIM REPORT