



## HEALTHCARE ASSOCIATE ACKNOWLEDGMENT FOR RESPONSIBILITY TO REPORT WORK-RELATED MEDICAL INJURIES

- I acknowledge that I am responsible to obey all safety rules and precautions, and to exercise caution in all work activities while on assignment.
- I acknowledge that in accordance with ATC's Workers Compensation policy, if I sustain a work related injury, I must notify my assignment supervisor and local ATC management personnel immediately. In the event I am unable to do so, I will designate another individual to notify ATC on my behalf.
- I acknowledge that I must immediately complete a "First Report of Injury" form which I may obtain from the local ATC office manager or designee. Even if no medical care is rendered at the time of injury, I will file a "First report of Injury".
- I acknowledge that if I am treated for a job related injury and/or receive medication during the course of treatment, ATC Healthcare Services, Inc. may not receive bills directly from the care provider. I must present all bills that I receive to my local ATC office management or designee as soon as I receive them.
- I acknowledge and agree that during the course of treatment and/or absence for a work related injury or illness, I may be required to undergo drug and alcohol testing and that the results of such testing may impact upon my claim.

Acknowledged, understood and agreed,

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Healthcare Associate Signature

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Date