

Washington Hospitals Workers' Compensation Program

Post Office Box: 19557
Seattle, Washington 98109

ALTERNATE FORM FOR EMPLOYEE EXPOSURE

Filing a claim for benefits is either completing a claim form (SIF-2) or signing the employee signature section of the Physician Initial Report (PIR) per the Department of Labor & Industries. In an attempt to deal with some situations where employee exposures occur to certain conditions, **the following statement form may be used in lieu of a claim form when all of the conditions below are met:**

- 1) When an employee is exposed to an illness such as whooping cough, meningitis, etc. (This form is **not to be used** for any other type of condition such as needlestick, exposure to blood or blood products, etc. that is a claim.)
- 2) The form is completed following the exposure incident; if the employee does contract the condition, a claim should then be filed.
- 3) The employee receives medical treatment from a nurse under standing orders only (Treatment from any other provider results in claim filing.)
- 4) The employee elects not to file a claim for benefits.
- 5) The alternate form for employee exposure form is filed with the Washington Hospitals Workers' Compensation Program. (Form is kept with hospital incident reports.)
- 6) Both the Employee Incident Report and Supervisors Investigation Form should be completed and sent to the Washington Hospitals Workers' Compensation Program.

Workers' Compensation Claim Filing Statement:

I, _____, have been advised that I have the right to file a workers' compensation claim (SIF-2) for my exposure of ____/____/____, but I am choosing not to do so at this time even though I have received medical treatment for _____ (Name of condition).

Since I have received medical treatment, I understand that my incident is considered a claim and it will remain open indefinitely. I also understand that I can file a claim for benefits at any time.

Employee Signature

Date Signed

Signature of Hospital WC Contact

Date Signed

Date Received at WC Program: _____