

## WASHOE COUNTY SUBSEQUENT INJURY PROGRAM

The Nevada Department of Industrial Insurance Regulation offers the Subsequent Injury Fund to all employers. This fund helps defray the costs of an industrial injury for employers who hire individuals with a prior, permanent physical impairment.

There are certain requirements that Washoe County must meet to qualify our employees for this added insurance coverage. The program involves any person who has a birth defect, work-related injury, or disease that has resulted in a permanent physical impairment. The following statement must be completed in detail as to the dates, cause, and extent of any physical impairment, signed by the employee, filed with the employee's personnel file, and a copy returned to the Risk Management/Safety Office.

ALL EMPLOYEES ARE REQUIRED TO READ AND SIGN THE STATEMENT TO PROPERLY DOCUMENT THEIR EMPLOYEE FILE.

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

I, \_\_\_\_\_, do hereby state and attest that I (have, do not have) a permanent physical impairment.

In the space below, please describe completely any physical impairment that you may have from any cause or origin. If due to industrial accident, give date, type of accident, body part affected, and percentage of disability awarded.

DATE OF INJURY OR ORIGINAL DIAGNOSIS: \_\_\_\_\_

\_\_\_\_\_

DESCRIBE DISABILITY: \_\_\_\_\_

\_\_\_\_\_

PERCENTAGE OF DISABILITY, IF KNOWN: \_\_\_\_\_

Please complete the following:

Job Classification: \_\_\_\_\_ Class No.: \_\_\_\_\_

Start work date: \_\_\_\_\_

Department Head: \_\_\_\_\_

This information is correct to the best of my knowledge.

\_\_\_\_\_  
Signature