



To: New Faculty and Staff

From: Jean Holtman
Associate VP, Workforce Management Organization

Yesenia Vasquez
Workers' Compensation Program Manager

Re: Second Injury Fund Medical Questionnaire

We are committed to providing workers' compensation benefits to all employees who sustain an employment-related injury in accordance with Louisiana law.

If work-related injury or disability is caused, or made worse, by a "pre-existing" condition, Tulane University may be able to seek partial reimbursement of the benefit dollars paid to you, or on your behalf, from the Louisiana Second Injury Fund. Such reimbursement would be made to Tulane University without a reduction in benefits to you.

In order for Tulane University to be considered for reimbursement from the Second Injury Fund, it has to show that it knowingly hired or knowingly retained the employee with a pre-existing disability. To establish this fact, Tulane University requires all new employees to complete the attached questionnaire.

All questions must be answered. If the answer is "no" or "none," please indicate. All responses must be complete. If a response requires explanation, please provide one. If there is not enough space on the form for a complete response, please complete your response on the back of the form.

The information obtained from the questionnaire will be kept CONFIDENTIAL and will not be made a part of your personnel file. As you complete the attached questionnaire, you should be aware that:

FAILURE TO ANSWER TRUTHFULLY MAY RESULT IN FORFEITURE OF YOUR WORKER'S COMPENSATION BENEFITS UNDER LA R.S.23:1208.1.

I have read the foregoing notice and have completed the attached questionnaire to the best of my knowledge, information and belief.

Signature: _____ Date: _____

Name Printed: _____