



**Oregon**

Tina Kotek, Governor



Workers'  
Compensation  
Division

Department of Consumer  
and Business Services

**BULLETIN NO. 310 (Revised)**  
**May 28, 2024**

**TO:** Workers' compensation insurers and self-insured employers

**SUBJECT:** Spanish translations, Form 801s and Form 3283s

**EFFECTIVE:** June 6, 2024

**This bulletin provides Spanish versions of Form 801, "Report of Job Injury or Illness" and Form 3283, "A Guide for Workers Recently Hurt on the Job." The division is republishing this bulletin to provide a revised Form 3283s. The form was revised to change the term "physician assistant" to "physician associate," as a result of House Bill 4010 (effective June 6, 2024). No other substantive changes have been made to the form. This bulletin replaces Bulletin 310 dated Aug. 24, 2022.**

*There is no immediate need to reprint or restock Form 3283s. The division encourages use of the revised form when you next update your system templates or need to restock.*

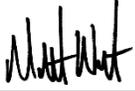
The division developed Spanish-language Forms 801s and 3283s in order to meet the needs of injured workers whose primary language is Spanish. Use of the forms is optional; however, the division encourages their use for those workers who can better understand the workers' compensation claim reporting process when material is presented in Spanish.

Whenever Form 801s is used by a worker and employer to report a claim, the division requests that the insurer or self-insured employer translate the information to English and enter it on a standard Form 801. The division's copy of the translated 801 should be attached to the 801s and submitted to the division along with other required documents according to the filing and reporting requirements described in OAR 436-060-0010 and OAR 436-060-0011. Requirements related to Form 3283s are in OAR 436-060-0015.

You can download the forms from the division's website:

<https://wcd.oregon.gov/forms/Pages/forms.aspx>. If you have questions about this bulletin,

contact a benefit consultant by email, [workcomp.questions@dcbs.oregon.gov](mailto:workcomp.questions@dcbs.oregon.gov), or by phone, 800-452-0288 (toll-free).



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Matt West, Interim Administrator  
Workers' Compensation Division

Attachments: [Form 801s](#) (Rev. 1/21)  
[Form 3283s](#) (Rev. 6/24)

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