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Section 37 of the Workplace Safety and Insurance Act authorizes you to release this information to the WSIB. Please answer all questions in black ink or type and return by fax to (416) 344-4684 or 1-888-313-7373.

Worker's name	Date of incident (dd/mmm/yyyy)
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When work injury/illness occurs, focus on return to usual activity including return to safe and appropriate work is best practice. Most workers who experience soft tissue injury are able to remain at work.

Return to work information		
1. This worker can resume Regular duties.	Start date (dd/mmm/yyyy)	Are graduated hours required? If yes please specify
This worker can begin Modified duties.	Start date (dd/mmm/yyyy)	Are graduated hours required? If yes please specify

Pain should not be the only medical restriction. Is there **any** other reason this worker cannot return to work at this time?
Please provide details and expected return to work date:

2. Please indicate the worker's functional abilities in relation to the workplace injury.

A. Full functional abilities

B. Some functional abilities Able to Not able to

Bend/Twist			Push/Pull		
Climb			Sit		
Kneel			Stand		
Lift			Use of Public Transportation		
Operate Heavy Equipment			Use of Upper Extremities		
Operate a Motor Vehicle			Walk		

Other Limitations due to: Environmental Conditions Medication Use of Protective Equipment

Additional comments on abilities (e.g. maximum repetitions, maximum weight, maximum time to be considered).

Clinical Information and Treatment Plan

3. Please indicate change in the patient's condition since last visit. Recovered Improving Worsening Unchanged

If worsening, provide details on the patient's condition:

4. Current diagnosis

5. Are you aware of any pre-existing or other conditions/factors that would impact return to work or recovery? Yes No

If yes, describe (e.g. psychosocial, medications)

6. Prognosis - Please select one of the following choices:

Fully recovered now Partially recovered now, continuing to improve. Full recovery not yet known.

Partially recovered now and full recovery is anticipated in approximately _____ weeks. Full recovery not expected.

7. What is the current treatment plan (type of treatment, interventions, duration)?

Billing section

Health professional designation	Chiropractor Physician Physiotherapist	Service Code	WSIB Provider ID
	Registered Nurse (extended class)	26M	
HST Registration No.	HST amount billed (if applicable)	Service Code	Your invoice No.
		ONHST	
Health professional name	Address		
Health professional's signature	Telephone	Fax	

Check this box if you are completing and submitting this form electronically. This represents your signature. You must fill out your name and the date above.

Email accessibility@wsib.on.ca if you need a different format or accommodation. Disponible en français.