

Worker Details		Pass the date of injury: Have you been off work? ☐ Yes ☐ No		1 Have your work duties been modified? ☐ Yes ☐ No	
Last name: _____		First name: _____		Initial: _____	
Mailing address: Apt# _____			Social Insurance #: _____		
City: _____	Province: _____	Postal code: _____	Personal health #: _____		
Phone number: _____			Date of birth: _____ / ____ / ____ Gender: ☐ M ☐ F ☐ X		
Email address: _____					
Occupation and job description: _____					
Are you an apprentice? ☐ Yes ☐ No		If yes, date you would have obtained journeyman status: _____ / ____ / ____			
Date hired: _____ / ____ / ____		Are you a partner or director in the business? ☐ Yes ☐ No			
Do you have personal coverage? ☐ Yes ☐ No		If yes, coverage number: _____			

Employer Details		2 Employer business name: _____			
Mailing address: _____					
City: _____	Province: _____	Postal code: _____			
Contact name: _____	Title: _____	Phone: _____	E-mail: _____		

Accident Details		3 Date/time of accident: _____ / ____ / ____ Time: _____ : ____ ☐ a.m. ☐ p.m. or ☐ the injury/condition developed over time			
Date/time scheduled shift started (if applicable): _____ / ____ / ____		Time: _____ : ____ ☐ a.m. ☐ p.m.			
Date/time scheduled shift ended (if applicable): _____ / ____ / ____		Time: _____ : ____ ☐ a.m. ☐ p.m.			
4 Date accident/injury reported to employer: _____ / ____ / ____					
Name of person and their position: _____				Phone number: _____	
If not reported immediately, give the reason: _____					
5 Describe fully, based on the information you have, what happened to cause this injury or disease. Please describe what you were doing, including details about any tools, equipment, materials, etc. you were using. State any gas, chemicals or extreme temperatures you may have been exposed to: _____ _____					
☐ Cardiac condition/injury? ☐ Claimed to another WCB? Province: _____					
☐ Motor vehicle accident? If you have a police collision report, please send a copy by mail or fax once you have a claim number. Please also complete the WCB Automobile Accident Report.					
If you have more information or a list of witnesses, please attach a letter. Please check this box if letter is attached. ☐					
Have you had a similar injury before? ☐ Yes ☐ No If yes, attach a letter with details.					
Was the work you were doing for the purpose of your employer's business? ☐ Yes ☐ No Was it part of your usual work? ☐ Yes ☐ No					
Did the accident/injury occur on employer's premises? ☐ Yes ☐ No					
Location where the accident happened (address, general location or site): _____					
6 Full name of treating hospital or healthcare professional: _____					
Address: _____					
Phone: _____					
When did you first seek medical treatment? _____ / ____ / ____		Is any further treatment required? ☐ Yes ☐ No			



Wcb Injury Report Form Workers Compensation Board

**Workers' Compensation Board--
Alberta**

A red circular graphic with a gradient, appearing as a partial circle or a thick arc, located to the right of the Workers' Compensation Board--Alberta text.

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time is essential to develop effective prevention programs and target future research The nation needs a robust OSH surveillance system to provide this critical information for informing policy development guiding educational and regulatory activities developing safer technologies and enabling research and prevention strategies that serves and protects all workers A Smarter National Surveillance System for Occupational Safety and Health in the 21st Century provides a comprehensive assessment of the state of OSH surveillance This report is intended to be useful to federal and state agencies that have an interest in occupational safety and health but may also be of interest broadly to employers labor unions and other worker advocacy organizations the workers compensation insurance industry as well as state epidemiologists academic researchers and the broader public health community The recommendations address the strengths and weaknesses of the envisioned system relative to the status quo and both short and long term actions and strategies needed to bring about a progressive evolution of the current system

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Ontario Labour Relations Board. Monthly Report - Ontario Labour Relations Board Ontario Labour Relations Board,1991-06

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