WORKERS' COMPENSATION BOARD
Northwest Territories and Nunavut

First Medical Report

PLEASE COMPLETE BOTH SIDES OF THIS FORM AND RETURN TO ADDRESS ON REVERSE

WCB Claim Number

Worker Information

Last Name		First Name				
Mailing Address (include postal code)	Community				Telephone (include area code)	
Residential Address	Date of Birth	YY	MM	DD	Sex ❑ M	❑ F
Employer's Name		Worker's Occupation				
Part of Body injured						

Health Care Provider Information

Name of Health Care Provider								
Telephone (include area code)								
Address (include postal code)								
Date of Injury	YY	MM	DD	Date of Exam	YY	MM	DD	

WCB Supplier Billing Number

Fee Code _____ Fee Submitted _____

Fee Code _____ Fee Submitted _____

Report Form Fee _____ Fee Submitted _____

TOTAL $ _____

1. Would you like a WCB Doctor to contact you? ❑ Yes ❑ No

2. Current Work Disability Please estimate the period of disability – from date of this exam
❑ No disability ❑ 1 – 7 days ❑ 8 – 14 days ❑ 15 – 21 days ❑ More

3. Estimated return to work date YY MM DD

4. Current Work Capability (See back for definitions)
❑ Not able to work ❑ Limited ❑ Light ❑ Medium ❑ Heavy

5. Worker's account of injury. How did it happen?

6. Subjective Complaint(s)

7. Objective Findings

8. Describe any significant previous disease or injury:

9. Investigations (Lab / X-rays, CT, etc.)

10. Diagnosis ICD Code:

11. Prescribed treatment/advice/referrals

12. Has worker been hospitalized? ❑ Yes ❑ No *Hospital Name*

13. Is permanent disability probable? ❑ Yes ❑ No

14. Will worker be seen again? ❑ Yes ❑ No *When? By whom?*

Health Care Provider's Signature _____ Date _____

I hereby certify that the above is a correct statement of services personally rendered by me.

NOTE TO SUPPLIERS:

We make payments on original invoices only. Faxed invoices or copies of invoices will not be paid.

RESPONSIBILITY OF HEALTH CARE PROVIDER

Excerpt from Section 17(3) of the Workers' Compensation Act

Report of
Health Care Provider

17.(3) A Health Care Provider who attends to a worker who has suffered a personal injury as the result of an accident arising out of and during the course of the worker's employment shall send the Board a report within three days after the date of his or her first attendance on the worker.

WORK CAPABILITIES

Reference: National Occupational Classification

Limited
Work activities involve handling loads up to 5 kg.
Examples:

- examining and analyzing financial information
- selling insurance to clients
- conducting economic and feasibility studies

Light
Work activities involve handling loads of 5 kg, but less than 10 kg.
Examples:

- repairing soles, heels and other parts of footwear
- filing materials in drawers, cabinets and storage boxes
- preparing and cooking meals

Medium
Work activities involve handling loads between 10 kg and 20 kg.
Examples:

- setting up and operating finishing machines or finishing furniture by hand
- measuring, cutting and applying wallpaper to walls
- adjusting, replacing or repairing mechanical or electrical components using hand tools and equipment

Heavy
Work activities involve handling loads of more than 20 kg.
Examples:

- operating and maintaining deck equipment and performing other deck duties aboard ships
- shovelling cement and other materials into cement mixers and performing other activities to assist in the maintenance and repair of roads
- measuring, cutting and fitting drywall sheets for installation on walls and ceilings

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Ce formulaire est disponible en français.
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