



# Medical Progress Report

**PLEASE COMPLETE THIS FORM AND RETURN TO ADDRESS ON REVERSE**

WCB Claim Number
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**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	<input type="checkbox"/> M <input type="checkbox"/> F
Employer's Name						Worker's Occupation		
Part of Body injured								

**Health Care Provider Information**

Name of Health Care Provider					<b>WCB Supplier Billing Number</b>				
Telephone (include area code)					Fee Code _____ Fee Submitted _____				
Address (include postal code)					Fee Code _____ Fee Submitted _____				
Date of Injury					Report Form Fee _____ Fee Submitted _____				
YY	MM	DD	<b>Date of Exam</b>		YY	MM	DD	<b>TOTAL \$</b> _____	

1. Would you like a WCB Doctor to contact you? <input type="checkbox"/> Yes <input type="checkbox"/> No									
2. Current Work Ability. Has the worker returned to work? <input type="checkbox"/> Yes <input type="checkbox"/> No					3. If yes, please provide date YY MM DD				
4. If no, please estimate the period of disability – from date of this exam <input type="checkbox"/> No disability <input type="checkbox"/> 1 – 7 days <input type="checkbox"/> 8 – 14 days <input type="checkbox"/> 15 – 21 days <input type="checkbox"/> More					5. Estimated return to work date YY MM DD				
6. Current Work Capability (See back for definitions) <input type="checkbox"/> Not able to work <input type="checkbox"/> Limited <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Heavy									
7. Subjective Complaint(s)									
8. Objective Findings									
9. Significant previous diseases/injuries									
10. Investigations (Lab / X-rays, CT, etc.)									
11. Diagnosis					ICD Code:				
12. Prescribed treatment/advice/referrals									
<b>Please give details for the following questions when the answer is Yes</b>									
13. Has worker been hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No					Hospital Name				
14. Has an operation been performed? <input type="checkbox"/> Yes <input type="checkbox"/> No					When?				
15. Any factors delaying recovery? <input type="checkbox"/> Yes <input type="checkbox"/> No					What?				
16. Is permanent disability probable? <input type="checkbox"/> Yes <input type="checkbox"/> No									
17. Would you suggest an examination by a WCB doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No									
18. Will worker be seen again? <input type="checkbox"/> Yes <input type="checkbox"/> No					When?				

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.

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## 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.

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## 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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