WORK SAFE BC
WORKING TO MAKE A DIFFERENCE

RETURN TO WORK SUPPORT SERVICES REFERRAL CONFIRMATION

TO: WorkSafeBC (WCB) Registration Representatives, Provider Referrals
Fax 604 214-5498
Toll-free Fax 1 888 669-9970

This form must be completed in full and faxed to WorkSafeBC in the event of a referral for Return to Work Support Services (RTWSS).

This is to confirm that the WorkSafeBC officer has been contacted following a referral for RTWSS and has authorized the following:

- ❒ **Job Site Visit**
- ❒ **Job Demands Analysis**
- ❒ **Graduated Return to Work (GRTW) Plan**
- ❒ **GRTW Monitoring**

Medical information required: ❒ Yes ❒ No

Worker information

Worker's last name	First name	Middle initial	WorkSafeBC claim number
Date of initial referral *yyyy-mm-dd*			

Provider information

Provider/business name	Provider phone number ( )
Provider mailing address	Clinician in contact with WorkSafeBC officer
	Date of contact with WorkSafeBC officer *yyyy-mm-dd*
	Name of WorkSafeBC officer
Additional comments	

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