

Please fax this form to 604 276-3195 or toll-free 1 888 922-3299.

This is to advise WorkSafeBC officers that the following worker has been put on a Program Interrupt.

**Worker information**

Worker's last name	First name	Middle initial
Personal health number or birth date <i>yyyy-mm-dd</i>	WorkSafeBC claim number	

**Program Interrupt duration**

Start date of Program Interrupt <i>yyyy-mm-dd</i>
Expected return to treatment date <i>yyyy-mm-dd</i>

**Reason for Program Interrupt**

**Provider information**

Clinic name	
Contact name	
Clinic phone number (     )	Clinic fax number (     )

Personal information on this form is collected for the purposes of administering a worker's compensation claim by WorkSafeBC in accordance with the *Workers Compensation Act* and the *Freedom of Information and Protection of Privacy Act*. For further information about the collection of personal information, please contact WorkSafeBC's Freedom of Information Coordinator at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or telephone 604 279-8171.

**WorkSafeBC use only**

(Received date and ID stamp)

Date: RECEIVED DATE