Workers' Compensation Board
Alberta

P.O. BOX 2415,
EDMONTON, ALBERTA
T5J 2S5
Fax: (780) 427-5863
1-800-661-1993

EMPLOYER'S PROGRESSIVE INJURY QUESTIONNAIRE

		Claim Number
	Will worker be off work due to this injury? ☐ Yes ☐ No / Is the worker on modified duties? ☐ Yes ☐ No	Personal Health Number
Worker's Name *(Surname)* *(First Name)* *(Initial)*		Date of Birth *(Year / Month / Day)*
Employer Name:		Employer Account Number:

To help us decide if the workers' injury is work related, we require answers to the following questions:

What is the worker's job title? _____

Describe a typical work day.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

How long has this been a typical work day? _____

Describe any changes to the work day which may have caused or increased the worker's symptom(s)? _____

_____

_____

_____

_____

_____

_____

When were the symptom(s) first reported? _____

_____

Location of symptom(s). *(Please check appropriate box{es})*

	Right	Left		Right	Left		Right	Left
Hand	☐	☐	Wrist	☐	☐	Neck	☐	☐
Shoulder	☐	☐	Elbow	☐	☐	Forearm	☐	☐
Fingers	☐	☐	Upper Back	☐	☐	Lower back	☐	☐

Other _____

_____

Worker's Name *(Surname)*	*(First Name)*	*(Initial)*	Claim Number

Tasks worker perform in the job:

	Perform these tasks		Continuous?		How long does the worker perform the task each time?	How many times per day does the worker do the task?
	Yes	No	Yes	No		
Keyboarding	☐	☐	☐	☐		
Mouse Usage	☐	☐	☐	☐		
Mail Sorting	☐	☐	☐	☐		
Cashiering	☐	☐	☐	☐		
Lifting	☐	☐	If yes, mark with an "X". 0 lb 10 lb 20 lb 40 lb 60 lb 80 lb 100 lb Unlimited			
Carrying	☐	☐	If yes, mark with an "X". 0 lb 10 lb 20 lb 40 lb 60 lb 80 lb 100 lb Unlimited			
Pushing	☐	☐	If yes, mark with an "X". 0 lb 10 lb 20 lb 40 lb 60 lb 80 lb 100 lb Unlimited			
Pulling	☐	☐	If yes, mark with an "X". 0 lb 10 lb 20 lb 40 lb 60 lb 80 lb 100 lb Unlimited			
Other *(Specify)*	☐	☐	☐	☐		

List tools/equipment used: _____

When are the scheduled breaks? _____

How long? _____ minutes How often? _____ minutes

List any hobbies, sporting, volunteer or recreational activities that you are aware of. _____

Do you have any other information about this injury? _____

Date: Name (please print): Signature:

Position: Telephone Number

If we need to obtain further information when is the best time for us to reach you? _____

In order that this claim can be handled as quickly as possible, please return this information by either:

- **Fax (780) 427-5863 or 1-800-661-1993 If you fax the report, do not send another by mail.**

or

- **Mail to: WCB, PO Box 2415, Edmonton, AB T5J 2S5**

Any questions? Edmonton: (780) 498-3800, Calgary: (403) 517-6000,
Toll Free: 310-0000 (ask operator for Edmonton 498-4000 or Calgary 517-6000)