

Claimant's name	Claim number	Injury/illness	Original date of accident/injury
-----------------	--------------	----------------	----------------------------------

1. Choose one of the following which best describes the claimant's current situation and complete remainder of form as indicated.

This claimant **has not** lost time or pay from work (complete **only** questions 2 and 3)  
 This claimant **has lost time** and **has** returned to work (complete **only** questions 2 to 5)  
 This claimant **has lost time** and **has not** returned to work (complete **only** questions 6 to 10)

2. The claimant returned to (check all that apply)	3. a) Indicate the return-to-work status		
a) regular work or modified work	Return-to-work plan in place?	Yes	No
b) regular pay or reduction in pay	Plan on schedule?	Yes	No
c) regular hours or reduction in hours	b) Do you need our assistance in getting the claimant back to work?	Yes	No

Provide details on this claimant's return to work.

4. Date and time of return-to-work \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

5. a) Total number of shifts/days lost \_\_\_\_\_  
 b) If claimant is repeating rotational shift work provide the length of each shift/day lost (e.g. four days on, four days off - or - works a set schedule of five days per week but days worked each week vary)

6. Who is responsible for arranging the claimant's return-to-work?	Me	Someone else
Name	Position	Phone

7. Has contact been made with the claimant to discuss their status and return-to-work? Yes No

Details \_\_\_\_\_

If yes, date of last contact/discussion (dd/mmm/yyyy) \_\_\_\_\_

What was the outcome of that discussion? \_\_\_\_\_

8. Have you received this claimant's work limitations or functional abilities for a return-to-work? Yes No

If yes, when did you receive them? (dd/mmm/yyyy) \_\_\_\_\_

How did you receive them? WSIB functional abilities form Medical note  
 Other functional abilities form Other

9. Are you able to accommodate this claimant? Yes No

10. Please explain why the claimant has not returned to work.

It is an offence to deliberately make false statements to the WSIB. I declare that all of the information provided on this page is true.

Name of person completing this report	Official title
Signature	Phone _____ Date (dd/mmm/yyyy)

Check this box if you are completing and submitting this form electronically. This represents your signature. You must fill out your name and the date above.