

What You Need to Know

To receive benefits under *The Workplace Safety and Insurance Act*, the injured worker is required to apply for benefits within six months of the time of work-related injury or disease. At the time of filing a claim for benefits, the injured worker must also consent to the disclosure of functional abilities information provided by a health professional to his or her employer for the sole purpose of facilitating return to work. Failure to file a claim or provide consent for the release of the functional abilities information can result in no benefits. The injured worker is also required to provide a copy of the claim and the consent to his or her employer.

Employers, workers and health professionals who have questions about the completion of this form may call 1-800-387-0750.

Worker

- This form is to be completed by your treating Health Professional who will discuss the information with you, once completed.
- You should contact your employer immediately to review the information on the completed form together to plan a return to work.

Employer

- This is the information that you need about this worker's physical capabilities and limitations to plan return to work.
- When you provide this form to the treating health professional, ensure that you have attached the worker's signed consent to the release of functional abilities information. This signed consent will either be on your Form 7, the copy of the Form 6 that the worker must give you after filing directly with the WSIB or on the Worker's Consent Form #1492. Where available, also attach a description of the worker's job activities to assist the health professional in completing the form.
- If you have a form that is specific to your workplace and have the co-operation of the injured worker in providing consent for the release of information on your form, you are able to use your own form. The prescribed form that is available from the Board is a generic form developed to assist employers with general functional abilities information and consent by the injured worker. The WSIB will pay the health professional to complete the prescribed form only. A charge will appear on your Accident Cost statement or Schedule 2 Invoice which reflects the cost of payment for each form completed.
- Do not send a copy of the completed Functional Abilities Form for Timely Return to Work to the WSIB. The Health Professional is responsible for submission of the form.

Health Professional

- The worker has signed a consent for the release of the functional abilities information to the employer when s/he applied for benefits. The employer will provide the worker's signed consent.
- The employer and worker will use this information to return the injured worker to suitable and available work. Their return to work plans will reflect the physical capabilities and limitations you have noted and presume that no clinical contraindications exist for other work activities, **therefore it is crucial that both the capabilities and limitations sections be completed in full.**
- The completion of this form is based on your examination of the injured worker and does not require a specialized Functional Abilities Evaluation.
- Diagnostic information **must not** be included.
- If you are able, please add more specific information on the duration of temporary precautions or maximum times or weights to be considered, in section 3 under General Comments/Specific Limitations. If necessary, please attach an additional page to this completed form to describe physical capabilities and limitations.
- **This does not replace clinical reporting requirements to the WSIB.**
- Once you have received the form, promptly complete it and give the worker and the employer their copies.
- To avoid delays or non-payment of the form insure that sections 1 through 4 and the billing section have been fully completed.
- When faxing a completed form for payment, do not also mail the original.

The Workplace Safety and Insurance Board will pay you for this completed form when a copy is received and you have filled in the billing sections.

Workplace Safety and Insurance Board
Simcoe Place
200 Front Street West
Toronto ON M5V 3J1

WSIB Fax: (416) 344-4684
1-888-313-7373
