



200 Front Street West  
 Toronto ON  
 M5V 3J1

# Worker's Claim/Consent Form

**Please PRINT in black ink  
 DO NOT RETURN THIS TO THE WSIB.**

## Worker's Signature

By signing below, I am claiming benefits under the *Workplace Safety and Insurance Act, 1997*, for a work-related injury or disease. I am also authorizing any health professional who treats me to provide me, my employer and the Workplace Safety and Insurance Board with information about my functional abilities on the Board's "Functional Abilities for Timely Return to Work" form.

Name (in full)

Signature

Date Signed (dd/mm/yy)

Accident Date (dd/mm/yy)

Description of Injury/Disease

Employee ID / SIN

Employer FAX Number  
 (       )

## Employer Instructions:

Use this form when you cannot get your employee's signature on the Form 7. Keep a copy on file. Send another copy to the worker's health professional as permission from the worker to release functional abilities information, if required, to help with a safe return to work plan. Also give a copy to your employee.

## Privacy

Personal information about you will be collected throughout your claim under the authority of the Freedom of Information and Protection of Privacy Act and will be used to administer the Workplace Safety and Insurance Act, 1997, your claim and programs of the Board. Medical and non-medical information is collected from health care providers, vocational agencies, labour market service providers, employers, witnesses, and others as required. Your Social Insurance Number is used to register claims, identify workers and to issue income tax receipts and is collected under the authority of the Income Tax Act. Information may only be disclosed to the employer, external medical, vocational, and safety agencies, external payment and service providers, researchers and others as authorized by the Workplace Safety and Insurance Act and the Freedom of Information and Protection of Privacy Act. Your name and telephone number may be disclosed to third party researchers conducting satisfaction surveys and focus groups. Questions should be directed to the decision maker responsible for your file. A more detailed Privacy Statement for Workers may be found at [www.wsib.on.ca](http://www.wsib.on.ca), or by calling toll free at 1-800-387-5540.