wcb Workers' Compensation Board – Alberta
Box 2415
Edmonton AB T5J 2S5
Fax: (780) 427-5863
1-800-661-1993

C606
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 *(yyyy/mm/dd)*
Address *Street*	*City/Town*	*Province*	Postal code
Telephone number		E-mail address	
Employer name	E-mail address		Employer account number

To help WCB determine if the reported 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 symptoms 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	☐	☐
Hip	☐	☐	Knee	☐	☐	Leg	☐	☐
Ankle	☐	☐	Foot	☐	☐			

Other *(specify)*:

Worker's name	*Surname*	*First name*	*Initial*	Claim number

Tasks worker performs for their job:

	Task completed?		**Continuous?**		How long does the worker perform the task each time?	How many times per day does the worker do this task?
	Yes	**No**	**Yes**	**No**		
Keyboarding	☐	☐	☐	☐		
Mouse usage	☐	☐	☐	☐		
Mail sorting	☐	☐	☐	☐		
Cashiering	☐	☐	☐	☐		
Lifting	☐	☐	☐	☐		
	☐ < 10 lb.	☐ 11-25 lb.	☐ 26-49 lb.	☐ > 50 lb.		
Carrying	☐	☐	☐	☐		
	☐ < 10 lb.	☐ 11-25 lb.	☐ 26-49 lb.	☐ > 50 lb.		
Pushing	☐	☐	☐	☐		
	☐ < 10 lb.	☐ 11-25 lb.	☐ 26-49 lb.	☐ > 50 lb.		
Pulling	☐	☐	☐	☐		
	☐ < 10 lb.	☐ 11-25 lb.	☐ 26-49 lb.	☐ > 50 lb.		
Other *(specify)*:						
	☐	☐	☐	☐		
	☐	☐	☐	☐		
	☐	☐	☐	☐		

List any tools or equipment used to complete jobs:

When are breaks scheduled?

How long are breaks? minutes How often do employees get breaks? minutes

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

Do you have any other information about this injury?

Date *(yyyy/mm/dd)*	Contact name *(please print)*	Position / title
Signature		Telephone number

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

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

Mail: PO Box 2415, Edmonton AB T5J 2S5

Any questions?

Edmonton: 780-498-3999

Calgary: 403-517-6000

Toll Free:
In Alberta: 1-866-922-9221
Across Canada: 1-800-661-9608