

# EMPLOYER'S PROGRESSIVE INJURY QUESTIONNAIRE

		Claim Number	
Will worker be off work due to this injury? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the worker on modified duties? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Worker's Name (Surname)		Personal Health Number	
(First Name)		(Year / Month / Day)	
(Initial)		Date of Birth	
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	<input type="checkbox"/>	<input type="checkbox"/>	Wrist	<input type="checkbox"/>	<input type="checkbox"/>	Neck	<input type="checkbox"/>	<input type="checkbox"/>
Shoulder	<input type="checkbox"/>	<input type="checkbox"/>	Elbow	<input type="checkbox"/>	<input type="checkbox"/>	Forearm	<input type="checkbox"/>	<input type="checkbox"/>
Fingers	<input type="checkbox"/>	<input type="checkbox"/>	Upper Back	<input type="checkbox"/>	<input type="checkbox"/>	Lower back	<input type="checkbox"/>	<input type="checkbox"/>
Other	_____							

Worker's Name (Surname)	(First Name)	(Initial)	Claim Number
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Tasks worker performs 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			_____	_____
Mouse Usage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			_____	_____
Mail Sorting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			_____	_____
Cashiering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			_____	_____
Lifting	<input type="checkbox"/>	<input type="checkbox"/>	If yes, mark with an "X".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
				<11 lb	22 lb	44 lb	44 lb>	
Carrying	<input type="checkbox"/>	<input type="checkbox"/>	If yes, mark with an "X".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
				<11 lb	22 lb	44 lb	44 lb>	
Pushing	<input type="checkbox"/>	<input type="checkbox"/>	If yes, mark with an "X".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
				<11 lb	22 lb	44 lb	44 lb>	
Pulling	<input type="checkbox"/>	<input type="checkbox"/>	If yes, mark with an "X".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
				<11 lb	22 lb	44 lb	44 lb>	
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				_____

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: (Year / Month / Day)	Name (please print):	Signature:
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Position:	Telephone Number
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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: 780-498-3999, Calgary: 403-517-6000,  
Toll Free: anywhere in Alberta 1-866-922-9221 and then dial the office nearest you.**