

Employer's Repetitive Strain Injury Questionnaire

Questions	Responses	
6. Have there been any recent changes in the type or number of tasks the worker performs? If yes, please specify:		
7. Has/had the worker been doing any overtime or extraordinary work? If yes, please specify:		
8. Have there been any changes/alterations/modifications to the work stations? If yes, when?		
9. How long has the worker had this current job?		
10. When were the symptom(s) first reported to you?		
11. Describe the difficulties the worker was having in performing the job.		
12. Are other workers aware of this worker's problems at work?		
13. Have you made any accommodations for the worker specifically to assist with this problem? (<i>Hours, workspace, tools, breaks, etc.</i>) If yes, describe:		
14. Are you aware of any personal activities, including sports, hobbies, recreation, fitness or weight training (past or present) this worker participates in? Type? How often?	Activity	Frequency
Any additional information?		

This information will help determine if the claim is work-related in whole or in part. The worker is completing a similar form. Include a copy of the worker's job description with this form.

Any information received as a result of the claims process is confidential. Further use or disclosure of the information could result in a fine pursuant to the *Workers' Compensation Acts*.

Signature of Employer: _____ Date: _____

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