WSCC Workers' Safety & Compensation Commission

Medical Report Eye Injuries

COMPLETE THIS FORM AND RETURN IT TO THE ADDRESS ON THE LAST PAGE.

WSCC Claim Number	Health Care Provider (please print)

Worker Information

Last Name	First Name	
Mailing Address (include postal code)	Community	Telephone (include area code)
Residential Address	Date of Birth YY MM DD	Gender ☐ M ☐ F ☐ X
Employer's Name	Social Insurance Number	Worker's Occupation
Part of Body Injured	Date of Injury YY MM DD	Date of Exam YY MM DD

1. Would you like a WSCC Doctor to contact you? ☐ Yes ☐ No

2. Who rendered first treatment?

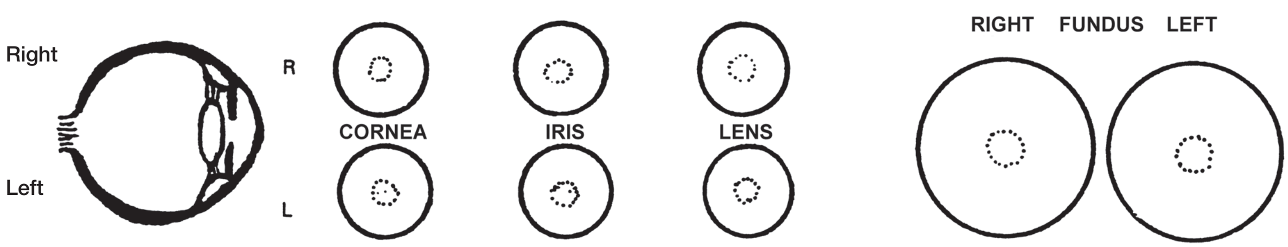
3. Date you first treated this patient? YY MM DD

4. Which eye was injured? ☐ Right ☐ Left ☐ Both

5. Visual Acuity (at your first examination and before the treatment) Right Eye Left Eye

6. What did the worker say caused the injury?

7. Findings at the time of your examination (indicate on the diagram below, the location and extent of injury after fluorescein)



8. Treatment

9. Is there any evidence of previous disease or injury in either eye? ☐ Yes ☐ No If yes, give particulars

10. Do you expect any complications? ☐ Yes ☐ No If yes, please explain

11. Is permanent disability probable? ☐ Yes ☐ No

12. Current work ability ☐ Fit for regular work duties ☐ Unfit for regular work duties

Start date for the return to regular work duties YY MM DD

☐ Capable of modified duties (*see categories on back page*)

☐ Limited ☐ Light ☐ Medium ☐ Heavy

Duration of modified duties ☐ 1-7 days ☐ 8-14 days ☐ 15-21 days ☐ more

Start date for modified duties YY MM DD

13. Is hospital care required? ☐ Yes ☐ No ☐ If yes, name of hospital

Health Care Professional's Signature **Please print form to sign.** Date

I hereby certify that the above is a correct statement of services personally rendered by me.

CS005 1118

Worker's Name	Claim Number

Health Care Provider Information

Name of Health Care Provider (please print)	**WSCC Supplier Billing Number**
Telephone (include area code)	Fee Code _____ Fee Submitted _____ Fee Code _____ Fee Submitted _____
Address (include postal code)	Report Form Fee _____ Fee Submitted _____ **TOTAL $** 0.00
	Date of Exam YY MM DD

Health Care Provider's Signature _____ **Please print form to sign.** Date _____

I hereby certify that the above is a correct statement of services personally rendered by me.

RESPONSIBILITY OF HEALTH CARE PROVIDER

Excerpts from the Nunavut & NWT *Workers' Compensation Acts*

Report by health care provider	25. (1)	A health care provider who examines or treats a worker under this Act shall submit a report to the Commission.
Timing and contents of report	(2)	The report must be submitted within three days after the examination or treatment, and must contain the information required by the Commission.
Duty of health care facility	(3)	If a health care facility employs the health care provider referred to in subsection (1), the health care facility is responsible for ensuring that the report is submitted in accordance with this section.
Provision of information	30.	The Commission may require a claimant, an employer or a health care provider to provide any information that it considers necessary for it to determine a claim for compensation.

Excerpt from the Nunavut & NWT Workers' Compensation *General Regulations*

7.2 A health care provider who fails to provide information required under section 30 of the Acts is liable under subsection 141(2) to a penalty of $250.

WORK CAPABILITIES

Reference: National Occupational Classification

Limited
Work activities involve handling loads up to 5 kg.
Examples:
- examining and analyzing financial information
- selling insurance to clients
- conducting economic and feasibility studies

Light
Work activities involve handling loads of 5 kg, but less than 10 kg.
Examples:
- repairing soles, heels and other parts of footwear
- filing materials in drawers, cabinets and storage boxes
- preparing and cooking meals

Medium
Work activities involve handling loads between 10 kg and 20 kg.
Examples:
- setting up and operating finishing machines or finishing furniture by hand
- measuring, cutting and applying wallpaper to walls
- adjusting, replacing or repairing mechanical or electrical components using hand tools and equipment

Heavy
Work activities involve handling loads of more than 20 kg.
Examples:
- operating and maintaining deck equipment and performing other deck duties aboard ships
- shovelling cement and other materials into cement mixers and performing other activities to assist in the maintenance and repair of roads
- measuring, cutting and fitting drywall sheets for installation on walls and ceilings

The WSCC may use this information for the administration of legislation under our authority, including the *Workers' Compensation Acts*, the *Safety Acts*, and/or the *Mine Health and Safety Acts*, and their associated *Regulations*, and to contact you in relation to the requirements under the relevant legislation.

Head Office: Box 8888 • Yellowknife, NT X1A 2R3 • Telephone: (867) 920-3888 • Toll Free: 1-800-661-0792 • Fax: (867) 873-4596
Toll Free Fax: 1-866-277-3677 • Email: reportsnwt@wscc.nt.ca
or
Box 669 • Iqaluit, NU X0A 0H0 • Telephone: (867) 979-8500 • Toll Free: 1-877-404-4407• Fax: (867) 979-8501
Toll Free Fax: 1-866-979-8501 • Email: reportsnu@wscc.nu.ca
wscc.nt.ca or **wscc.nu.ca**

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