

# Worker's Report of Vibration Syndrome

**COMPLETE AND RETURN TO THE ADDRESS ON THE BACK OF THIS FORM. PRINT CLEARLY.**

WSCC Claim Number
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Last Name				Present Employer's Name				
First Name(s)				Employer's Mailing Address - (include postal code and phone number)				
Mailing Address (include postal code)								
Phone Number - (include area code)				Employer Phone Number and/or Fax				
Social Insurance Number								
Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X				Length of Employment with this Company				
Date of Birth	Day	Month	Year	Marital Status	No. of Children	Present Occupation		If off work, give date of layoff
What condition are you applying for?		<input type="checkbox"/> Hand Vibration Syndrome		<input type="checkbox"/> Arm Vibration Syndrome		<input type="checkbox"/> Foot Vibration Syndrome		

**GIVE FULL PARTICULARS OF YOUR WORK HISTORY. INCLUDE NAMES AND ADDRESSES OF EMPLOYERS, PERIOD OF EMPLOYMENT, TYPES OF MACHINERY USED AND LENGTH OF TIME YOU USED THEM. WE WILL CONTACT EMPLOYERS TO CONFIRM THIS INFORMATION. REMEMBER THAT INCOMPLETE INFORMATION WILL DELAY THE ADMINISTRATION OF YOUR CLAIM.**

## IN THE NORTHWEST TERRITORIES/NUNAVUT

Employer's Name, Address (include postal code) and Phone Number	Period		Type Of Machinery Used	Days Per Week And/Or Hours Per Day
	From	To		
	YEAR	YEAR		
	YEAR	YEAR		
	YEAR	YEAR		

## OUTSIDE THE NORTHWEST TERRITORIES/NUNAVUT

Employer's Name, Address (include postal code) and Phone Number	Period		Type Of Machinery Used	Days Per Week And/Or Hours Per Day
	From	To		
	YEAR	YEAR		
	YEAR	YEAR		

Attach Any Additional Information You Have

**COMPLETE AND SIGN THIS FORM BEFORE FORWARDING TO THE WSCC**

