

WSCC Claim Number	Health Care Provider (please print)
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Last Name				First Name																
Mailing Address (include postal code)						Community						Telephone (include area code)								
Residential Address						Date of Birth		YYYY		MM		DD		Gender		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X				
Employer's Name				Social Insurance Number				Worker's Occupation												
Part of Body Injured				Date of Injury		YYYY		MM		DD		Date of Exam			YYYY		MM		DD	

Health Care Professional's Signature _____ Date

YYYY	MM	DD

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

Worker's Name	Claim Number
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Health Care Provider Information

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

Health Care Provider's Signature _____ Date

YYYY	MM	DD	
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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*

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|--------------------------------|---------|--|
| 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.

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or

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