

Medical Report Eye Injuries

COMPLETE THIS FORM AND RETURN IT TO THE ADDRESS ON THE LAST PAGE.	WSC	WSCC Claim Number			Health Care Provider (please print)							
Worker Information												
Last Name	First	First Name										
Mailing Address (include postal code)	l	Community					Telephone (include area code)					
Residential Address		Date of Birth YYYY MM DD Gende				Gender	der M F X					
Employer's Name Social I	nsurance l	surance Number			Worker's Occupation							
Part of Body Injured Date	of Injury	Injury YYYY MM DD					Date of Exam YYYY 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? YYYY MM DD												
4. Which eye was injured? Right Left Both												
5. Visual Acuity (at your first examination and before the treatm	ent)				Right Ey	е		L	_eft Eye			
6. What did the worker say caused the injury?												
7. Findings at the time of your examination (indicate on the diag	gram belov	w, the	location ar	nd ex								
Right R CORNEA IRIS) (LEN			()(S LEFT				
8. Treatment												
9. Is there any evidence of previous disease or injury in either e	ye?	Yes	s No	If yes	s, give pa	articulars	3					
10. Do you expect any complications?		Yes	S No	If yes	s, please	explain						
11. Is permanent disability probable?		Yes	No No									
12. Current work ability Fit for regular wo												
	S	Start (date for the	retu	ırn to reç	gular wo	ork du	ities	YYYY	/ MM DE		
☐ Capable of modified duties (see categories on back page)☐ Limited ☐ Light ☐ Medium ☐ Heavy												
Duration of modified duties												
				Star	t date fo	r modifi	ied du	ities	YYYY	/ MM DE		
13. Is hospital care required?												
Health Care Professional's Signature								Date L				

Health Care Provider Information			_			
Name of Health Care Provider (please print)	WSCC Supplier Billing Number					
Telephone (include area code)	Fee Code					
Address (include postal code)	Fee Code	Fee Submitted	- -			
		TOTAL \$				
	Date of Exam	YYYY MM DD				
			_			
Health Care Provider's Signature		_ Date				
I hereby certify that the above is a correct statement of services personally	rendered by me.	YYYY MM DD				
			ī			

RESPONSIBILITY OF HEALTH CARE PROVIDER

Excerpts from the Nunavut & NWT Workers' Compensation Acts

Report by health care provider

Worker's Name

25. (1) A health care provider who examines or treats a worker under this Act shall submit a report to the Commission.

Claim Number

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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