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Return to Work: Modified and Alternate Duties Planning

WSCC understands the impact that an injury or illness can have on life. Identifying your abilities and modified or alternate work duties can help you get back to work while you are recovering and improve your health outcomes.

We want to help you feel better, recover faster and get your life back to normal as soon as possible, which includes returning to work. Please complete these questions to assist us in understanding your abilities and your job duties.

WSCC	Claim	Number

WORKER INFORMATION:

Last Name		First N	ame	
Address (include postal code)			Community	
Telephone (include area code)	ncident Employer's Name			Worker's Occupation
 What parts of your pre-incident work duties are you able to perform? (Sometimes an injury can limit the duties that you used to do; however, we want to focus on what you can perform.) 				
 Would you be able to perform any of your regular duties for a reduced time (example: 4 hours versus 8 hours)? If yes, which duties? 				
3. Do you know any other job duties or tasks outside your normal duties that you could perform while recovering?				
4. Do you have any other skills or experience that you could use in other areas of your workplace?				
5. Do you have any other comments or recommendations regarding your return to work?				

Thank you for completing this form. It will help us work with you and your employer to create a return to work plan.

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. It is your responsibility when providing an email address to ensure reasonable safeguards are in place to protect the confidentiality and security of your personal information within your email account.

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or

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