

Harvester's Report of Incident

	MPLETE ALL QUESTION THE ADDRESS ON REVE			SCC	wscc	Claim N	lumber:								
Har	Harvester's Last Name: First Name:											Marital Status:			
Add	Address (include postal code):								Dependents:						
Tele	phone (include area code):							(Gender:	□м	□F	□х			
Soc	ial Insurance Number:	General Hunting License Number:													
Date	e of Birth: YYYY MM	DD		Preferred	Langua	age:									
1.	a) Incident Date: YYY	Y MM DD		Time:			_ 🗆 A	M	□ PM						
	b) Did you have to stop	harvesting after	your incident? I	f yes, whe	en?	YYYY	MM	DD		□ AM	□F	PM			
	c) When did you go to t	he doctor or nurs	se?		١	YYYY	MM	DD		□ AM	□ F	PM			
	d) If you did not get me	dical treatment ir	nmediately, give	e reason.											
	e) Where did the incider	nt happen?													
2. How did the incident happen, and what injury did you receive? Be specific (i.e. lifting, or, if you fell, how far did you fall? State right or left, if applicable). Attach extra sheet(s) if necessary. Mark Injured Part Right Right															
3.	IMPORTANT - LIST AN		Name and address (include postal code)												
_	Name and address (incl	uue postai code)			ivame	e and a	audress	(INCIU	ue posta	ai code)					

Hai	vester's Name:					_						
4.	a) Name of doctor or nurse:											
	b) Which hospital or nursing station did you	tal or nursing station did you go to, if any?					MM	DD				
	c) If your teeth were injured, give name of de	entist:										
5.	a) Have you had a similar disability before?	ve you had a similar disability before? Yes No If yes - explain:										
	b) Have you had previous claims with the WSCC? ☐ Yes ☐ No If yes - give dates and nature of injury:											
6.	a) Are you back at harvesting activities? ☐ Yes ☐ No If yes - give date you returned to harvesting:											
	b) If no, when do you think you will return to harvesting? Provide the date: YYYY MM DD											
	c) If you harvested since you were hurt, prov	ide the da	tes you	harvest	ed. Fr	rom: Y	YYY	MM DE) To:	YYYY	MM	DD
7.	7. In the twelve months before the incident, what other employment earning or income did you receive?											
	Name of Company:	From:	YYYY	MM	DD	То:	YYYY	/ MM	DD	Total	Earning	gs:
	Name of Company:	From:	YYYY	MM	DD	То:	YYYY	/ MM	DD	Total	Earning	gs:
	Name of Company:	From:	YYYY	MM	DD	То:	YYYY	/ MM	DD	Total	Earning	gs:
8.	Amount of income from harvested renewable	e resource From:	s (i.e. sa	les of v	vild me	eat, fish,	1	1	DD	Total	Earninç	gs:
9.	Additional information or comments:											
WORKER'S CONSENT I hereby claim compensation for work-related injuries or disease. Information Sharing – I understand the WSCC uses the above information about me for the sole purpose of conducting an investigation into this claim. I also understand the WSCC will need to gather more information about my harvesting incident and medical and work history to administer my claim. For that specific purpose only, the WSCC may disclose some personal information to employers, medical personnel and other relevant third parties. I authorize the WSCC to provide and gather such information from all necessary sources, including hospital and doctors' records, and employer records. Information Accuracy – I understand incomplete information from me may delay my claim, and that untrue information from me is unlawful. I declare the information above is true and accurate. I understand it may be a criminal offence to make a false claim, or to work and/or perform harvesting activities and earn income while receiving workers' compensation without telling the WSCC. Signed at Date Signature												
Any	personal information, as defined by the Access to	Information	and Prote	ection o								
For	ninistering the Workers' Compensation Acts and is a more information, please read our Privacy Statemer 00-661-0792 or 1-867-920-3888.		•		or wsco	c.nu.ca o	r contac	t the WS	CC ATIP	P Co-or	dinator	at

If you would like assistance completing this form, or more information, contact one of our offices listed below.

Yellowknife: 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

Iqaluit: 2A-630 Queen Elizabeth Way, Iqaluit, NU X0A 3H0 • 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