Workers' Compensation Board
Alberta

P.O. BOX 2415,
EDMONTON, AB T5J 2S5
Fax: (780) 427-5863
1-800-661-1993

C606
EMPLOYER'S PROGRESSIVE INJURY QUESTIONNAIRE

		Claim Number
	Will worker be off work due to this injury? ☐ Yes ☐ No / Is the worker on modified duties? ☐ Yes ☐ No	Personal Health Number
Worker's Name *(Surname)* *(First Name)* *(Initial)*		Date of Birth *(Year / Month / Day)*
Employer Name:		Employer Account Number:

To help us decide if the workers' injury is work related, we require answers to the following questions:

What is the worker's job title? _____

Describe a typical work day.

How long has this been a typical work day? _____

Describe any changes to the work day which may have caused or increased the worker's symptom(s)?

When were the symptom(s) first reported? _____

Location of symptom(s). *(Please check appropriate box{es})*

	Right	Left		Right	Left		Right	Left
Hand	☐	☐	Wrist	☐	☐	Neck	☐	☐
Shoulder	☐	☐	Elbow	☐	☐	Forearm	☐	☐
Fingers	☐	☐	Upper Back	☐	☐	Lower back	☐	☐

Other _____

Worker's Name *(Surname)*	*(First Name)*	*(Initial)*	Claim Number

Tasks worker performs in the job:

	Perform these tasks		Continuous?		How long does the worker perform the task each time?	How many times per day does the worker do the task?
	Yes	No	Yes	No		
Keyboarding	☐	☐	☐	☐		
Mouse Usage	☐	☐	☐	☐		
Mail Sorting	☐	☐	☐	☐		
Cashiering	☐	☐	☐	☐		
Lifting	☐	☐	If yes, mark with an "X". ☐ <11 lb ☐ 22 lb ☐ 44 lb ☐ 44 lb>			
Carrying	☐	☐	If yes, mark with an "X". ☐ <11 lb ☐ 22 lb ☐ 44 lb ☐ 44 lb>			
Pushing	☐	☐	If yes, mark with an "X". ☐ <11 lb ☐ 22 lb ☐ 44 lb ☐ 44 lb>			
Pulling	☐	☐	If yes, mark with an "X". ☐ <11 lb ☐ 22 lb ☐ 44 lb ☐ 44 lb>			
Other *(Specify)*	☐	☐	☐	☐		

List tools/equipment used: _____

When are the scheduled breaks? _____

How long? _____ minutes How often? _____ minutes

List any hobbies, sporting, volunteer or recreational activities that you are aware of.

Do you have any other information about this injury?

Date: *(Year / Month / Day)*	Name (please print):	Signature:

Position:	Telephone Number

If we need to obtain further information when is the best time for us to reach you? _____

In order that this claim can be handled as quickly as possible, please return this information by either:

- **Fax 780-427-5863 or 1-800-661-1993 If you fax the report, do not send another by mail.**
  or
- **Mail to: WCB, PO Box 2415, Edmonton, AB T5J 2S5**

Any questions? Edmonton: 780-498-3999, Calgary: 403-517-6000,
Toll Free: anywhere in Alberta 1-866-922-9221 and then dial the office nearest you.