Workers' Safety and Compensation Board Yukon

CHIROPRACTOR'S DISCHARGE REPORT

401 Strickland Street, Whitehorse, Yukon, Y1A 5N8, **Telephone:** (867) 667-5645, **Toll free:** 1-800-661-0443, **Fax:** (867) 667-8740, **Web:** www.wcb.yk.ca

WORKER'S INFORMATION

Surname	
First Name	
Address	City
Territory/Prov.	Postal Code
Telephone #	Date of Birth (d/m/y)
Claim # or part of body	

DOCTOR'S INFORMATION

Name	
Address	
Telephone #	Fax #
Date of Visit (d/m/y)	
Family Doctor	

RETURN TO WORK

Worker's critical job demands	Estimated % of current function at this task
1. _____	_____
2. _____	_____
3. _____	_____

Recommended modifications/accommodation that would allow the worker to remain at work

_____

_____

_____

_____

Is there an exercise or maintenance program recommended upon discharge? ☐ Yes ☐ No
No If yes, please provide details

_____

Has the worker's functioning changed significantly since the last report? ☐ Yes ☐ No
If **Yes**, please attach a Functional Abilities Form (FAF)

Are there barriers for returning to work? ☐ Yes ☐ No
If **Yes**, please complete and attach Appendix 1

DISCHARGE RECOMMENDATIONS

Can modified duties be performed? ☐ Yes ☐ No

Check estimated work capacity

☐ Sedentary (max 10 lbs) ☐ Light (max 20 lbs) ☐ Medium (max 50 lbs)

☐ Heavy (max 100 lbs) ☐ Very Heavy (over 100 lbs)

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DISCHARGE RECOMMENDATIONS (continued)

Describe any work restrictions

Expected duration of restrictions

ADDITIONAL COMMENTS OR OBSERVATIONS

Doctor's Signature _____ Date (d/m/y) _____

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