Workers' Safety and Compensation Board Yukon

Wage Loss - Annual Medical Report for Psychological Injuries

PRINTED: 17-10-2026

In partnership with the worker, the board annually reviews wage loss claims. Your assessment of functional abilities regarding the worker's workplace injury is important to assist the board with this review.

This information is being collected for the purpose of administering and enforcing the Workers' Safety and Compensation Act in compliance with the Access to Information and Protection of Privacy Act. If you have any questions about the collection of this information, please contact the board's privacy officer at 401 Strickland St., Whitehorse, YT, Y1A 5N8 or call 867-667-5645 or 1-800-661-0443.

Please fax your separate invoice to the board at 1-867-667-8740. If you are a YMA member, please use code M0901 Progress Report for invoicing. All other health care providers can invoice for a wage loss progress report.

Service Provider Information

*Legal Name

*Street Number

Unit Number

*Street Name

*City

*Province/Territory

Country

*Postal Code

Email (ex: you@wcb.yk.ca)

*Primary phone number (ex: (999) 999-9999)

Fax (ex: (999) 999-9999)

Please explain (character limit: 570)

Worker Information

Claim Number

*First Name

Middle Name

*Last Name

As shown on valid government-issued ID

*Street Number

Apartment Number/Unit Number

*Street Name

*City

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*Province/Territory

*Country

*Postal Code

Email (ex: you@wcb.yk.ca)

*Primary Phone Number (ex: (999) 999-9999)

Injury and Functional Information

What is the workplace injury? (character limit: 570)

*Exam date (DD/MM/YYYY)

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*How long have you known/treated the worker?

- 1 month
- 6 months
- 1+ year

In the last year, the worker's work-related injury has:

- improved
- stabilized
- declined

Please explain the changes (character limit: 570)

*In the last year, has there been any treatment given to the worker for the work-related injury?

- Yes
- No

Please explain the treatment given in the last year (character limit: 570)

*Has the worker's medication for the work-related injury changed in the last year?

- Yes
- No
- N/A

Please explain the medication changes (character limit: 570)

Psychological Workplace Injury

Please check off the functional abilities the worker is able to do:

Please provide specific details: (character limit: 1140)

- Social activities/errands (e.g. shopping, parties and community events)
- Interactions with family and friends
- Concentration (reading, driving, multi-tasking)
- Memory (remembering errands, groceries or details from a book)
- Complex thinking such as managing finances or money
- Independent self-care
- Other: _____

Please assess the worker's overall health.

Please explain (character limit: 1140)

- Excellent
- Good
- Fair
- Poor

Please provide any further relevant information: (character limit: 1140)

Signature, consent and declaration

I acknowledge that electronic communication has inherent security risks, as do all forms of communication. Notwithstanding the inherent risks of electronic communication, I consent to the use of electronic methods to transmit and receive information, including confidential and personal information between the board and myself. This consent will remain in effect until written notice to revoke this authorization has been received by the board.

By checking this box I declare that the information provided is true and correct.

My name is/Signature

Date (DD/MM/YYYY)

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