

Health and Safety Reminder Work-Related Accidents/Injuries/Exposures

- 1. Immediately report the accident/injury/exposure to school administration. (This helps them arrange class coverage etc. as you proceed to get immediate medical attention as necessary)
- 2. Immediately seek medical attention as necessary. ONLY IMMEDIATE MEDICAL ATTENTION FROM A DOCTOR (walk-in clinic or otherwise) WHO COMPLETELY FILLS OUT A **WSIB FORM 8** (excerpt below), INCLUDING **PART F**, SECTIONS **1,2,3** AND **4** OF RETURN TO WORK INFORMATION IS RECOGNISED FOR WSIB PURPOSES IN A MANNER THAT PROTECTS YOUR SICK DAYS.

- 3. Upon receipt, please ensure you have :
 - a. One copy for the worker (you)
 - b. One copy for the employer
 - c. One copy for the Executive Officer



Claim Number (if known)



Once completed, please ensure that a copy of this page only is provided to the worker.

Last Name	First Name	Init.	Birth Date	dd	mm	yyyy
Area(s) of Injury/Illness(es)						

Date of Incident	dd	mm	yyyy
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F. Return To Work Information - Must be completed by a Health Professional

When work injury/illness occurs, focus on return to usual activity including return to safe and appropriate work is best practice. Most workers who experience soft tissue injury are able to remain at work.

1. Have you discussed return to work with your patient? yes no

2. This worker can resume Regular duties. Start date

dd	mm	yyyy
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 If graduated hours required please specify _____

This worker can begin Modified duties. Start date

dd	mm	yyyy
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 If graduated hours required please specify _____

This worker is not able to work because of the workplace injury/illness.
Please provide explanation _____

3. Please indicate the worker's status and functional abilities in relation to the workplace injury and diagnosis.

A. Full Functional Abilities

B. Worker Functional Abilities

	Bend/Twist/Climb	Able to	Not Able to		Operate Heavy Equipment	Able to	Not Able to		Stand	Able to	Not Able to
	Kneel	<input type="checkbox"/>	<input type="checkbox"/>		Operate a Motor Vehicle	<input type="checkbox"/>	<input type="checkbox"/>		Use of Public Transportation	<input type="checkbox"/>	<input type="checkbox"/>
	Lift	<input type="checkbox"/>	<input type="checkbox"/>		Push/Pull/Sit	<input type="checkbox"/>	<input type="checkbox"/>		Use of Upper Extremities	<input type="checkbox"/>	<input type="checkbox"/>
									Walk	<input type="checkbox"/>	<input type="checkbox"/>

C. Other Limitations: eg. Environmental Conditions, Medication, Use of Protective Equipment.
Please describe: _____

4. From the date of this assessment, the above limitations will apply for approximately:
 1 - 2 days 3 - 7 days 8 - 14 days 14 + days

5. Follow-up Appointment
 None required As Needed Date of next appointment

dd	mm	yyyy
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Health Professional's Name (Please print) _____ Address _____

Health Professional's Signature _____ Telephone _____ Service Date

dd	mm	yyyy
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PLEASE PRINT AND SIGN

G. Worker's Signature

By signing below I am authorizing the above noted health professional, who is treating me, to provide my employer with a copy of this page outlining my functional abilities. I understand a copy will be sent to the Workplace Safety and Insurance Board (WSIB) by my health professional.

Signature _____ Date

dd	mm	yyyy
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PLEASE PRINT AND SIGN

- 4. As soon as you are able, complete the TDSB's "Employee's Report of Accident/Injury" form, which you can obtain at **Employee Services -> Health and Safety -> OH&S Reporting Forms** under TDSBweb on the [TDSB website](#) (you must log in, in order to access this information). Also fill out WSIB Form 6 sent by TDSB Disability Case Administrator.
 - * Help in completion of the form may be obtained from **Mike Platt** or **David Pickering** at **416-393-8900** (OSSTF Toronto office).
- 5. Concerns or Near Misses should be reported to Principals via the TDSB's "**Health & Safety Concern/Near Miss Form,**" which may be obtained at **Employee Services -> Health and Safety -> OH&S Reporting Forms** under TDSBweb on the [TDSB website](#).

To clarify questions related to the above, please contact Mike Platt at mplatt@osstftoronto.ca, or David Pickering at dpickering@osstftoronto.ca, or call **416-393-8900**.