Linford Chiropractic Clinic - Suite 120, 150 Broadway Crescent, Sherwood Park, AB, T8H 0V3, (780) 640-9488

Workers' Compensation Board

Alberta

PO BOX 2415
EDMONTON, ALBERTA T5J 2S5
FAX: 780-427-5863

Please type or print.
(Black ink - press firmly)

CHIROPRACTOR'S FIRST REPORT

WCB Claim Number		Time loss ☐	No time loss ☐
Worker's Surname	Given Names		Birth Date (Y M D)
Worker's Address	Postal Code		Telephone Number
Personal Health Number	Job Title - Occupation (NOC)		
Employer's Name	Address		Telephone Number
1. Which practitioner or facility rendered first treatment?			Date (Y M D)

Date of Accident: ___________________________

Job title: ___________________________________ Department: ___________________________________

Duties and Responsibilities

1.
2.
3.

Working Conditions

Describe the Location of this job (indoors, outdoors, underground, scaffold, forest, etc.)
Describe any Hazardous encounters on this job (heat, rain, radiation, fire, noise, heights, etc.)

Physical Demands – Check all that apply and describe (duration, distance, weight, etc.)

☐ Lifting	☐ Reaching/Handling
☐ Standing	☐ Speaking/Hearing
☐ Walking	☐ Seeing
☐ Climbing/Balancing	☐ Touching/Tasting/Smelling
☐ Stooping/Crawling	☐ Other