Saskatchewan Workers' Compensation Board
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Click on any field to start editing.

PRTW

Reset Form

Practitioner's Return to Work report

WCB claim number: _____

Worker's name: _____

Clinic name: _____	Provincial health number: _____
Clinic number: _____ Doctor number: _____	Date of birth: _____ Phone: _____
Phone: _____ Fax: _____	Employer name: _____
Practitioner's name, address, postal code	Worker's name, address, postal code

RETURN TO WORK INFORMATION

Memo to: _____ **(employer/primary practitioner/WCB)**

Please forward any requests for changes to the RTW plan to the therapist, who will monitor the worker's progress, evaluate any suggested changes, adjust the RTW plan if required, and forward amendments to all parties. The WCB will also adjust the level of income replacement as the worker's duties and hours of work change.

Return to work start date: _____ Anticipated end date: _____

Employer contact name: _____ Contact phone: _____

HOURS AND RESTRICTIONS

Calendar of hours and restrictions

		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week	Dates							
1	Hrs							

Restrictions: _____

Comments: _____

Calendar of hours and restrictions

		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week	Dates							
2	Hrs							

Restrictions: _____

Comments: _____

Calendar of hours and restrictions

		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week	Dates							
3	Hrs							

Restrictions: _____

Comments: _____

Calendar of hours and restrictions

		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week	Dates							
4	Hrs							

Restrictions: _____

Comments: _____

Practitioner's signature/verification: Please print & sign form before mailing/faxing. Date: _____

Employer's signature/verification: Please print & sign form before mailing/faxing. Date: _____

Worker's signature/verification: Please print & sign form before mailing/faxing. Date: _____

When writing to the WCB, please print name and claim or firm number.