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: ______________________
Physician'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							
	Hrs							

Restrictions: ______________________

Comments: ______________________

Calendar of hours and restrictions

		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week	Dates							
	Hrs							

Restrictions: ______________________

Comments: ______________________

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		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week	Dates							
	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.