Vancouver West Chiropractic
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Vancouver, BC, V6K 2E4
604-732-0664
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WORK SAFE BC

On The Job Injury Report

Employer's Name: Employer's Phone #:

Employer's Address:

Type of business: Occupation:

Date of Injury: Time of Injury: ◯ AM ◯ PM

Location of injury (i.e.. address):

Has your claim been reported to WCB? ◯ Yes ◯ No (If Yes) Claim#:

Have you seen any other Dr. or Health Care Practitioner for this injury? ◯ Yes ◯ No

Are you off work? ◯ Yes ◯ No If yes - last day worked:

Give a description of the accident:

Please give any other information you feel is relevant to this injury:

Submit by Email Print Form