

OCCUPATIONAL HEALTH & SAFETY OFFICE
ALGOMA DISTRICT SCHOOL BOARD

644 ALBERT STREET EAST . SAULT STE. MARIE, ON . P6A 2K7
(705) 945-7111 EXT. 10320 FAX (705) 945-7224

MEDICAL RELEASE / CONSENT FORM

By signing below, I am claiming benefits under the Workplace Safety and Insurance Act, 1997, for a work-related injury or disease. I am also authorizing any health professional who treats me to provide me, my employer and the Workplace Safety and Insurance Board with information about my functional abilities on the WSIB's "*Functional Abilities Form For Timely Return To Work*".

This Release applies only to the incident that occurred on the following date:

Date of Incident:	DAY	MTH	YR
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Upon receipt of this signed form the Algoma District School Board will forward a copy to the Workplace Safety and Insurance Board (WSIB) to ensure that I meet my reporting obligations on the WSIB's Form 7 "*Employer's Report of Injury / Disease*".

I agree that a photocopy of this form may be used.

Worker's Signature: _____ Date: _____

NOTE TO HEALTH PROFESSIONAL: You may wish to make a photocopy of this Medical Release / Consent Form for your records. The original form is to be returned to the Algoma District School Board.