

Worker Information

Have your work duties been modified?

Your duties have been modified if your employer made changes to regular job duties, as a result of an injury. For example, tasks or functions, workload (e.g., hours or work schedules), environment or work area, equipment.

Please indicate if you are working as an apprentice.

Employer Information

Please complete all the information.

Injury or Occupational Disease Information

Date and time of injury

If your injury developed over a period of time, indicate either the date of first medical treatment or the date you first reported it to your employer and check the box at the right. On the next line, give your start and end times on the day of the accident.

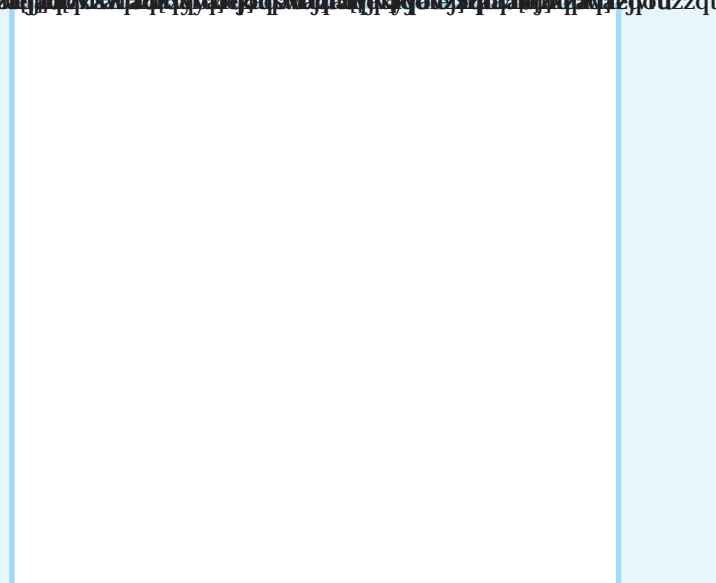
When was someone notified of your injury?

Please provide an accurate date and time someone from your work was made aware of your injury. Name the person, their position and their contact information.

If you could not report your injury immediately, please provide a reason.

Location of accident

Wherever the accident occurred, please provide a street address, if possible.





Workers' Compensation

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Table with 2 columns and 4 rows, containing checkboxes and a filled circle.

Alberta Post Secondary Learning (WCB Account # 3161508)

10020 - 101A Avenue

Edmonton

Alberta

T5J 3G2

780-427-6897

Large form area with multiple rows, checkboxes, and a filled circle.

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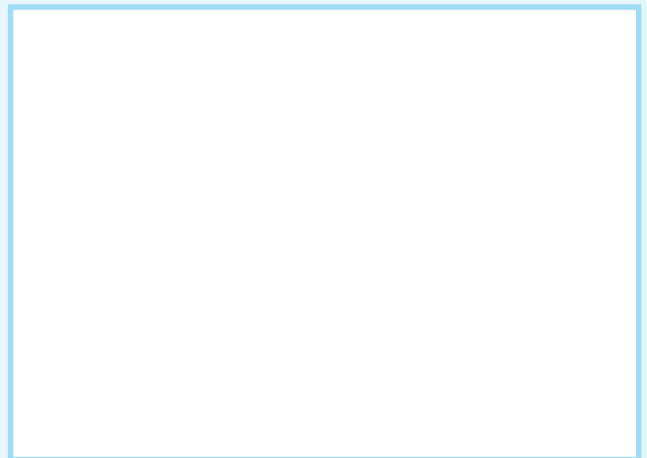
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