



Occupational Health and Safety Clinic

Information Required by Fit For Work Physicians when an Incident Occurs

When Incident occurs call: (226) 472-1130

Operator wants to know

Name of Injured Worker	
Company	
Contact Name	
Contact Phone Number	
Information for the Doctor	
Date of Birth (if available):	
Date of incident:	
Time of incident:	
Location of incident (Client or shop/office):	
Type of incident:	
Type of Injury:	
Will the worker go to to the FFW Clinic? Time of arrival?	
If the worker will be transported to Hospital please identify probable time of arrival:	
Is a D&A test requested?	
Is there any other information that could be helpful to the Physicians?	