Clear Form

WORK SAFE.
FOR LIFE.
WORKERS' COMPENSATION BOARD OF NOVA SCOTIA

Halifax Office
1-800-870-3331 toll free
902-491-8999 local
902-491-8001 fax

Sydney Office
1-800-880-0003 toll free
902-563-2444 local
902-563-0512 fax

Additional Information

WCB Claim #:
Health Card #:

Date: dd | mm | yyyy Page 2 of: Form A ☐ Form B ☐ Form C ☐ Form E ☐

WORKER INFORMATION

Worker's Last Name:	First Name:	Initial:
Date of Birth: dd | mm | yyyy	Date of Injury: dd | mm | yyyy	

HEALTH CARE PROVIDER INFORMATION

Provider Name:		ID#:
Practitioner Name:	Phone:	Fax:

OBJECTIVE FINDINGS:

SUBJECTIVE FINDINGS:

ADDITIONAL COMMENTS: