



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

Case Conference Template

WCB Claim Number: _____

Date: _____

Worker Information				
Worker's	Last Name	First Name	Initial	Tier

Attendees:		
1.	2.	3.
4.	5.	6.

Meeting Summary	
Employer contacted to confirm work demands? Yes <input type="checkbox"/> No <input type="checkbox"/>	Additional Comments:
Recommendations:	
Job Site Analysis: Yes <input type="checkbox"/> No <input type="checkbox"/>	Additional Comments:
Return to Work Plan:	
Other Comments:	