

## Employee Injury Communication Tracking Sheet – Return-to-Work Program

Worker: \_\_\_\_\_

Injury Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_

RTW Start Date: \_\_\_\_\_ RTW Finish Date: \_\_\_\_\_

Regular duties resumed: \_\_\_\_\_

Description	Y/N	Date	Comments
Contact with injured worker by supervisor within 24 hours			
Contact initiated with WorkSafeBC within 72 hours of the injury			
Initial contact made with physician (advise physician of payment for forms)			
Follow-up with physician			
Approval of modified duties and restrictions confirmed			
Return-to-work plan offered			
Return-to-work plan accepted (copy filed with WorkSafeBC and physician)			
Schedule for ongoing contact and communication between all parties created			
Return-to-work plan initiated — worker at work			
Regular work duties resumed			