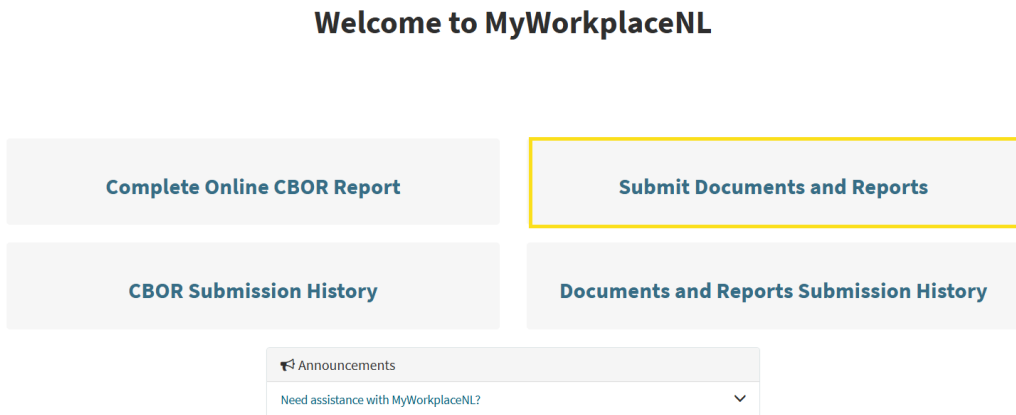
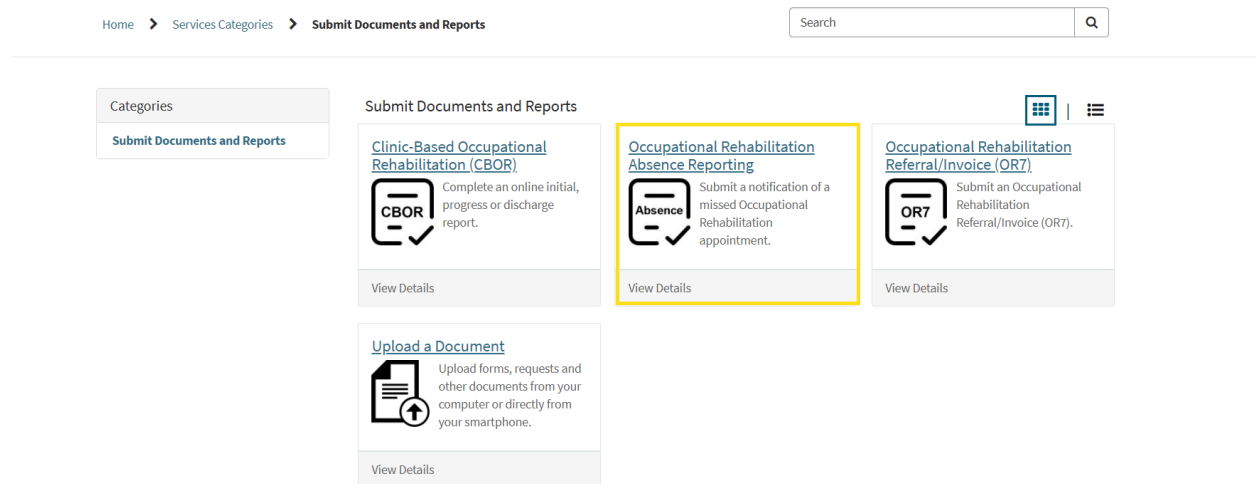


# Submitting an Occupational Rehabilitation Absence Reporting Form

To submit an Occupational Rehabilitation Absence Reporting Form, log in to MyWorkplaceNL and select **Submit Documents and Reports** from the landing page.



## Select Occupational Rehabilitation Absence Reporting.



To begin, complete the **Client Information** section.


Home > Services Categories > Submit Documents and Reports >

Search

Occupational Rehabilitation Absence Reporting

### Occupational Rehabilitation Absence Reporting

Submit a notification of a missed Occupational Rehabilitation appointment.



When an Injured Worker has missed one (1) Occupational Rehabilitation appointment, the Contractor must notify WorkplaceNL within one (1) business day.

Required information

- First name
- Last name
- Claim number
- Date of missed appointment
- Type of appointment missed
- Clinic name
- Vendor number
- Practitioner name

\* Indicates required

**Client Information**

\* First name

\* Last name

\* Claim number

\* Date of missed appointment

\* Type of appointment missed

**Vendor Information**

\* Clinic name

\* Vendor number

\* Practitioner name

\* Treatment site

\* Reason for missing the appointment

To add the **Type of appointment missed**, select from the drop-down menu.

\* Type of appointment missed

-- None --

-- None --

- Worksite Occupational Rehabilitation
- Clinic Based Occupational Rehabilitation
- Psychosocial Risk Factors Intervention (PRFI)
- Functional Assessment
- Adjudication Assessment
- Work Station Review
- Job Site Analysis
- Other Services

If **Other Services** is selected, you will be prompted to provide details.

\* Type of appointment missed

\* Please provide details

Next, complete the **Vendor Information** section

## Occupational Rehabilitation Absence Reporting

Submit a notification of a missed Occupational Rehabilitation appointment.



When an Injured Worker has missed one (1) Occupational Rehabilitation appointment, the Contractor must notify WorkplaceNL within one (1) business day.

\* Indicates required

### Client Information

\* First name

\* Last name

\* Claim number

\* Date of missed appointment

\* Type of appointment missed

### Vendor Information

\* Clinic name

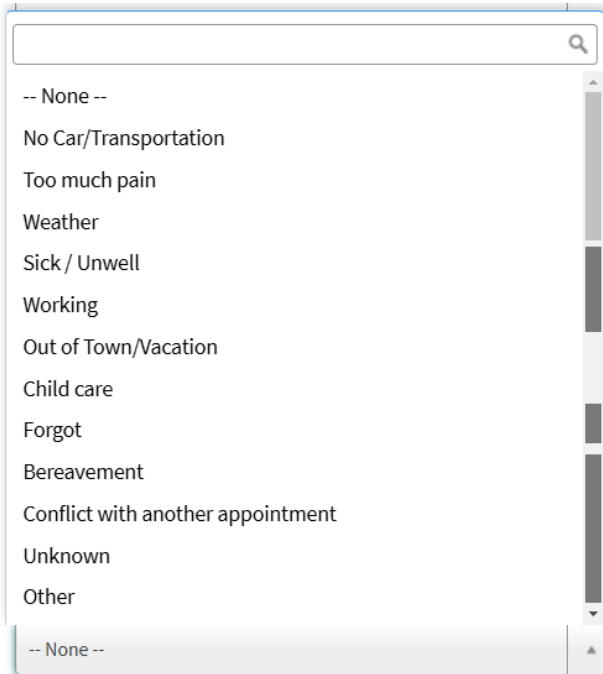
\* Vendor number

\* Practitioner name

\* Treatment site

\* Reason for missing the appointment

To add **Reason for missing the appointment**, select from the drop-down menu.



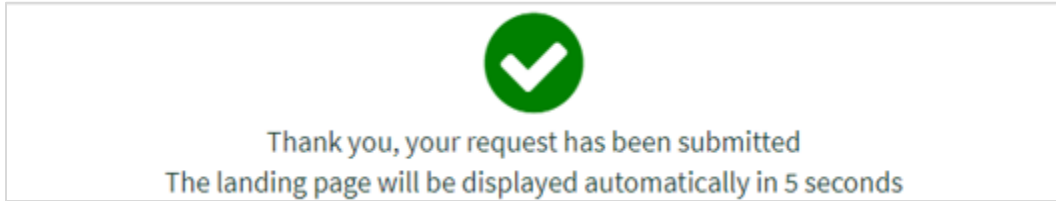
If **Other** is selected, you will be prompted to provide details.

A form with two main sections. On the left, there is a label "\* Reason for missing the appointment" above a text input field containing the word "Other" and a small downward arrow. To the right of this is a label "\* Please provide details" above a large, empty rectangular text area.

Once all information is entered, click **Submit**.

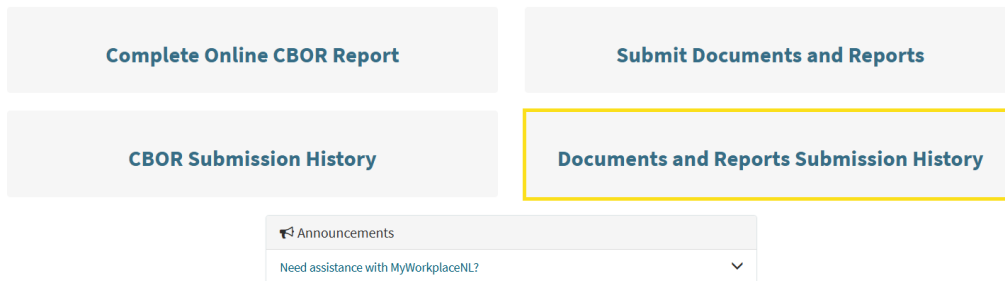
A screenshot of the final form page. The title is "Occupational Rehabilitation Absence Reporting" with a subtitle "Submit a notification of a missed Occupational Rehabilitation appointment." Below the title is a large icon of a document with a checkmark and the word "Absence" written on it. To the right of the icon is a paragraph of text: "When an Injured Worker has missed one (1) Occupational Rehabilitation appointment, the Contractor must notify WorkplaceNL within one (1) business day." On the right side of the page, there is a blue "Submit" button highlighted with a yellow rectangular border.

Upon submission, a confirmation screen will display and you are then redirected to the landing page.



You can view a list of all submitted forms to WorkplaceNL, including the Occupational Rehabilitation Reporting Form by selecting **Documents and Reports Submission History** on the landing page.

### Welcome to MyWorkplaceNL



A list of documents successfully submitted to WorkplaceNL will display and include reference information about the submitted document.

Home > Requests

Forms listed below have been successfully received by WorkplaceNL. Please do not resubmit by mail, email or fax.

My Submissions		
Number	Short description	Created <span>▼</span>
RITM0050766	Occupational Rehabilitation Absence Reporting - One, Patient	2024-12-16 10:33:07 AM

If you have questions or require assistance with submitting an Occupational Rehabilitation Absence Reporting Form, contact us by calling 1.800.563.9000, or email us at [info@workplacnl.ca](mailto:info@workplacnl.ca)