WorkplaceNL Health Safety Compensation

Worksite Occupational Rehabilitation (WSOR) Discharge Report

PO #:

Date of service:_____

Injured worker's name:		Claim number:	

Functional tolerance	Worker's initial status	Worker's discharge status	Targeted goals

Workday tolerance:	Strength tolerance:

N/A	Seldom	Minor	Occasional	Frequent	Constant
Not able	Not daily	0-10% shift (<1hr)	11-33% shift (1-2.5hrs)	34-66% shift (2.5-5hrs)	67-100% shift (>5 hrs)

Discharge comments:

Vendor Information:

LP name and number		Clinic name	
Email address		Vendor number	
Phone number		Treatment site	
Date:		Signature:	