

This form may only be completed by the injured worker/employer or their designated authorized representative.

1. Worker Information				
Last Name		First Name		Claim Number(s)
Mailing Address				
City/Town		Province	Postal Code	Telephone ()
For purposes of file search, if you do not know the claim number(s) please include the following information: Other Names (e.g., maiden name, middle name etc.)				
Date of Birth (yyyy/mm/dd)		Social Insurance Number		MCP
Please choose one option:				
<input type="checkbox"/> Copy of file information to be sent to worker at the above address. (Please continue to section 2 .) OR <input type="checkbox"/> Copy of file information to be sent to employer, designated authorized representative or a third party (Please provide mailing address below and continue to section 2.)				
Name of Employer/Designated Authorized Representative/Third Party				
Name of Organization				
Mailing Address				
City/Town		Province	Postal Code	Telephone ()

2. File Information Requested	
Please indicate what file information you require to be copied and indicate if for Internal Review Appeal. Please note applicable charges may apply.	
<input type="checkbox"/> Updates only <input type="checkbox"/> Medical information <input type="checkbox"/> All-full file	<input type="checkbox"/> For Internal Review Appeal <input type="checkbox"/> Medical and rehabilitation information <input type="checkbox"/> Other, please specify _____

3. Authorization/Undersigned	
I, the undersigned, consent to the disclosure by WorkplaceNL of the requested information to me or the authorized representative/third party indicated above. I understand this may include sensitive information, including past medical history .	
Name (please print)	
Signature of Worker, Employer or Designated Authorized Representative	Date (yyyy/mm/dd)

Personal information contained on this form is collected under the Workplace Health, Safety and Compensation Act and will be used to respond to your request. If you have any questions regarding this request for file information or applicable fees, please call us at: 709.778.1000

For WorkplaceNL only
