

To be completed by the injured worker, the employer or their designated authorized representative.

1. Worker Information				
Last Name		First Name		Claim Number(s)
Mailing Address				
City/Town	Province	Postal Code		Telephone ()

2. Other Information				
If you do not know the claim number(s) an Internal Review Clerk will contact you.				
Please choose one option:				
<input type="checkbox"/> Copy of file information to be sent to worker at the above address. (Please continue to section 3.) 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 3.)				
Name of Employer, Designated Authorized Representative or Third Party				
Name of Organization				
Mailing Address				
City/Town	Province	Postal Code		Telephone ()

3. File Information Requested				
What file information are you requesting? Please indicate if related to a Request for Internal Review. Please note applicable charges may apply.				
<input type="checkbox"/> Updates only <input type="checkbox"/> For Internal Review <input type="checkbox"/> Medical information <input type="checkbox"/> Medical and rehabilitation information <input type="checkbox"/> All-full file <input type="checkbox"/> Other, please specify _____				

4. Authorization/Undersigned				
I, the undersigned, consent to the disclosure by WorkplaceNL of the requested information to me, the authorized representative, or 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
