WCB Workers Compensation Board of Manitoba

Phone 204-954-4321
(Toll free 1-855-954-4321)
333 Broadway, Winnipeg R3C 4W3
wcb.mb.ca

Doctor First Report

Claim Number	4

Worker Information

Last Name	First Name		
Address			City
Province	Postal Code	Phone Number	Date of Birth (dd/mm/yyyy)
Gender		Weight	Height
Job Title		PHIN	

Employer Information

Name	Address (include branch where applicable)	
City	Province	Postal Code

Injury Details

Date of Incident	Area of Injury
Worker's Description of Incident or Injury	

Examination Findings and Diagnosis

Date of Examination	ICD Code	Diagnosis
Subjective Complaints		
Objective Findings (include ROM, muscle testing & neurological status)		
Describe any pre-existing condition that may affect recovery		
Test Performed (e.g., X-Ray, CT Scan, MRI, etc.) Attach results	Location	Date

Treatment Plan

Description _____	Date of next visit

Work Capabilities

Will worker be disabled from work beyond the date of incident as a result of the injury? ☐ Yes ☐ No	When can worker return to regular duties? Date ☐ Unknown at time of examination
Is worker capable of alternate or modified work? ☐ Yes ☐ No If yes, outline restrictions:	Duration of restrictions weeks

Physician Information

Physician Name	Address		
Physician Signature	City	Province	Postal Code
	Phone Number	Fax Number	Date

WCB 4036

Fax this form - in Winnipeg: 204-954-4999 | toll free: 1-877-872-3804