

Referral Form – Injury Prevention Workstation Review

Step 1: Prior to submitting this referral form, please ensure that you have attempted to set up your workstation using the **online self-help tool** located on the Injury Prevention website. It can be found at the following link: <http://www.cdha.nshealth.ca/safety-injury-prevention/injury-prevention>. If there are still problems after two to three weeks, further follow up may be required. Proceed to Step 2.

Step 2: Complete the following information, discuss with your Manager and obtain approval, and e-mail completed form to the [Safety Response Officers](#), or fax at 902-461-8073.

Employee Name:	Click here to enter text.	Site:	Click here to enter text.
Personnel #:	Click here to enter text.	Department:	Click here to enter text.
Phone #:	Click here to enter text.	Unit:	Click here to enter text.
Employee ID:	Click here to enter text.	Room #:	Click here to enter text.
Job Title/Role:	Click here to enter text.	Manager & Phone#:	Click here to enter text.

I share my workstation with others

I have:

- ...attempted to set up my workstation using the on-line ergonomic checklist
- * If not, please complete prior to submitting this request**
- ... reported my workstation difficulties to my manager/supervisor
- ...sought/received medical aid or lost time from work due to these symptoms
- Is the medical aid or lost time a direct result of your workstation?
- ...been referred or I am working with Employee Health professionals
- ...requested assistance from our unit “Workstation Review Champion”
- We currently do not have a “Champion” available
- I am interested in becoming a “Champion” in my area

I am experiencing symptoms involving:

Check areas that apply:

- Neck/head
- Wrist
- Elbow
- Back
- Legs

The following equipment has been identified and/or ordered to address these symptoms:

List: Click here to enter text.

This equipment has been received/ installed

If not, why not? Click here to enter text.

Has your Manager approved this request? Yes No