Early Intervention Contact Sheet Instructions for the Employer

Complete this form any time an employee has been, or will be absent from work **for 5 consecutive days** due to illness or injury

→

Send the form to DMI
Any Questions?
Please call DMI

→

Fax to: 604-542-3850 or
1-866-963-9994
OR
Email to:
info@disabilityinstitute.com

Western Canada Region
(BC, AB & Territories)
Phone 1-866-963-9995 or 604-542-3649

Eastern Canada Region
(SK, MB, ON, QC & Maritimes)
Phone 1-866-459-3066

EMPLOYEE CONTACT INFORMATION — Please Print

Employer: | Site / Location: | English: ☐ French: ☐

Last Name: | First Name: | Home Phone:

Address: | Postal Code: | Alternate / Cell Phone:

Date of Birth: | Email Address: | Union: ☐ NO ☐ YES | Union Name:

Job Title: | Average hours/ week: | ☐ Full-Time ☐ Part-Time

Indicate Daily Schedule	Sun	Mon	Tue	Wed	Thu	Fri	Sat

☐ Fixed Weekly Schedule ☐ Variable Rotating Schedule
☐ Fixed Rotating Schedule ☐ Casual Employee

Last Day Worked: (DD/MM/YYYY) | Date First Absent: (DD/MM/YYYY) | Expected Return to Work Date: (DD/MM/YYYY) | Date Faxed to DMI: (DD/MM/YYYY)

Absence related to a workplace injury/illness? ☐NO ☐YES | Date of Incident: (DD/MM/YYYY) | WCB claim filed? ☐NO ☐YES | Specify WCB Claim Number:

EMPLOYER CONTACT INFORMATION — Please Print

Employer Contact Name | Employer Contact Phone | Employer Contact Email Address

Is the employee currently hospitalized?
☐NO ☐YES ☐UNKNOWN

Is there any additional information about this absence that DMI should be aware of, prior to contacting the employee?
☐NO ☐YES

Please list any additional employer contacts that should be updated in relation to this claim:

Name(s): | Email Address(es):

PLEASE SEND THIS COMPLETED FORM TO DMI WITH DOCTOR'S NOTE (IF PROVIDED).
TOLL FREE FAX 1-866-963-9994