

WSIB Report an injury, illness or exposure form: accessible version

Who experienced the workplace injury, illness or exposure? Select one of 5:

1. Me
2. My employee
3. My patient
4. Someone I am representing
5. I want to report an injury or illness or an exposure incident

Do you want to [report an injury or illness](#) or to [report an exposure incident](#) (for example, exposure to COVID-19 or a chemical, physical or biological hazard)?

Are you making a claim for noise-induced hearing loss (exposure to hazardous noise through employment)? If yes, [submit a claim](#) then **exit this document**. If no, continue to the next question.

Do you have a claim number? If yes, continue to the next question. If no, fill out a [Worker's Report of Injury/Disease Form 6](#). After filling it out, [upload the completed form](#). If you are under 16 years old, your parent or guardian must sign the form before you upload.

Do you have supporting documents? If yes, fill out a [Worker's Report of Injury/Disease Form 6](#). After filling it out, [upload the completed form](#). If you are under 16 years old, your parent or guardian must sign the form before you upload. Then **exit this document**. If no, continue to the next question.

Are you over 16 years old? If yes, [submit your report](#) and **exit this document**. If no, fill out a [Worker's Report of Injury/Disease Form 6](#). After filling it out, [upload the completed form](#). If you are under 16 years old, your parent or guardian must sign the form before you upload. Then **exit this document**.

Have you filled out an exposure incident form? If yes, [upload the completed form](#) and **exit this document**. If no, fill out the [Exposure incident form for all industries](#) or [Exposure incident form for construction only](#). After filling it out, [upload the completed form](#). Note that our exposure incident programs are voluntary, but if you report your exposure and become ill in the future, we will be able to process your claim faster. Then **exit this document**.

If you are you reporting a fatal or catastrophic accident, call us 1-800-387-0750, Monday to Friday from 7:30 a.m. to 5 p.m. then **exit this document**. If you are you reporting an injury or illness, [log in to your online services for businesses account](#) then **exit this document**.

If you are you reporting an exposure incident (forexample, exposure to COVID-19 or a chemical, physical or biological hazard), answer the following:

Have you filled out an exposure incident form?

If yes, [upload the completed form](#) then **exit this document**. If no, fill out the [Exposure incident form for all industries](#) or the [Exposure incident form for construction only](#). After filling it out, [upload the completed form](#). Then **exit this document**.

Report an injury or illness on the [TELUS Health](#) website then **exit this document**.

Are you representing an employer?

If yes, continue. If no [skip to the next question](#).

If you are reporting a fatal or catastrophic accident, call us 1-800-387-0750, Monday to Friday from 7:30 a.m. to 5 p.m. Then **exit this document**. If you are reporting an injury or illness, [log in to your online services for businesses account](#), then **exit by this document**. If you are reporting an exposure incident (for example, exposure to COVID-19 or a chemical, physical or biological hazard), continue to the next question.

Have you filled out an exposure incident form?

If yes, [upload the completed form](#) then **exit this document**. If no, fill out the [Exposure incident form for all industries](#) or the [Exposure incident form for construction only](#). After filling it out, [upload the completed form](#). Then **exit this document**.

Are you reporting an injury or illness? If yes, continue to the next question.

Are you reporting an exposure incident (for example, exposure to COVID-19 or a chemical, physical or biological hazard)? If yes, [click here](#).

Are you making a claim for noise-induced hearing loss (exposure to hazardous noise through employment)?

If yes, [submit a claim](#) then **exit this document**. If no, continue to the next question.

Does the claimant have a claim number?

If yes, continue to the next question. If no, fill out a [Worker's Report of Injury/Disease Form 6](#). After filling it out, [upload the completed form](#). If you are under 16 years old, your parent or guardian must sign the form before you upload. Then **exit by closing this document**.

Have you filled out a Worker's Report of Injury/Disease Form 6?

If yes, [upload the completed form](#) then **exit this document**. If no, fill out a [Worker's Report of Injury/Disease Form 6](#). After filling it out, [upload the completed form](#). If you are under 16 years old, your parent or guardian must sign the form before you upload. Then **exit this document**.

Have you filled out an exposure incident form?

If yes, [upload the completed form](#) then **exit this document**. If no, fill out the [Exposure incident form for all industries](#) or the [Exposure incident form for construction only](#). After filling it out, [upload the completed form](#). Then **exit this document**.