WCAT Workers' Compensation Appeal Tribunal

150, 4600 Jacombs Road, Richmond, B.C. V6V 3B1
Tel: (604) 664-7800 | 1-800-663-2782
Fax: (604) 664-7898 | wcat.bc.ca

Ask WCAT to Request the Assistance of an Independent Health Professional

Revised April 2023

This form is your request for an Independent Health Professional Opinion. An Independent Health Professional is a medical professional, a registered dentist, or a registered psychologist.
If filling out this form by hand, please print clearly and use blue or black ink. You can send this form by mail or email to the addresses above.

What appeal are you participating in?

WCAT appeal/application number (e.g. A2109999)	The appeal/application was started by

Tell us about yourself

You must tell WCAT about any changes in this information so we can send you information about the appeal.

☐ I am the worker ☐ I am the dependant of a deceased worker

☐ I am the employer	Business/firm name	WorksafeBC employer account number	Job title or position of business/firm contact	If you are the employer or part of a business/firm, fill in this row.

Last name	First name

Your Pronouns ☐ They /Them ☐ She /Her ☐ He /Him ☐ Pronouns not listed: _____

Your Title ☐ Mx. ☐ Ms. ☐ Mrs. ☐ Mr. ☐ Dr. ☐ Title not listed: _____

Your pronouns and title will help us address you respectfully during the appeal process

Mailing Address

City/Town	Province/State	Country	Postal/ZIP Code

Telephone (Daytime)	Telephone (Other)	Fax Number

Reason for Request

Describe the worker's medical condition that is an issue in the appeal.

Reason for Independent Health Professional

Tell us why you think independent advice from a health professional is needed

Certification and authorization

I authorize disclosure of my WorkSafeBC file(s) and information relating to this appeal to WCAT, my representative, and other parties to this appeal for the purposes of this appeal and as allowed under section 314 of the *Workers Compensation Act*. I also authorize WCAT to obtain or view a copy of my medical and employment records from any source, including physicians, health practitioners, medical insurers, hospitals, and employers.

Full name (please print)	**Signature**	**Date Signed (YYYY-MM-DD)**
	X	

Personal information on this form is collected for the processing and adjudication of a WCAT matter under the Workers *Compensation Act* and the *Freedom of Information and Protection of Privacy Act*. For further information, please contact WCAT's Freedom of Information Coordinator at the address or telephone number at the top of this form. Unencrypted email is not a secure medium. Any message or attachment you send by unencrypted email could be intercepted and read by someone else, and you accept the risk of access to personal information by unauthorized persons during transmission. WCAT accepts no responsibility for messages or attachments sent by email until they are received by WCAT. You are responsible for the security of information you are sending. You must assess its sensitivity and decide whether email is a secure enough method of communication.