



Workers' Compensation Board

Commission des accidents du travail

200 Front Street West
Toronto ON
M5V 3J1

Worker's Continuity Report

97 SEP 23 AM 9:23



PAUL TAYLOR



Claim No.	Desk	Alloc. No.
[REDACTED]	1263	B25
Injury		
NECK		BACK OF HEAD
Date of Injury		
06FEB97		
Employer		
Action Force / Acc		
To Enquire, Contact		
M. BAIRD		
(416) 344-2657		
For toll free number, check local directory		

Message to Worker

Further entitlement in this claim will be considered when you return this form fully completed. If a Doctor's report is attached please take it to your Doctor for completion. When you return to work please notify the WCB immediately.

1	Your home address and postal code if different from above. SAME	Your new employer's name, address and postal code if different from above? SAME Employer Action Force Driver Service 1790 Albion Rd. suite A9U 458 Rexdale May we contact your new employer? <input type="checkbox"/> no <input checked="" type="checkbox"/> yes
2	Describe your condition since your original injury. chronic back and neck pain every time I drive a truck the bouncing around in the sit makes it worse. now I find it difficult to stand sit walk for long periods	
3	Dates and nature of medical treatment received since the original injury. Aug 29/97 Aug 20/97 Sept 12/97 have gone to physiotherapy by order of my doctor since Aug 22/97.	Name and address of attending Doctor DR. R. Sauls. 2300 Eglinton Ave W. suite 205 Miss. ONT.
4	If you have received prescribed drugs for your work related disability since the date of original injury, provide the following: Name of Doctor who prescribed drugs No drugs prescribed	
	Name of pharmacy who supplied drugs and dates purchased No drugs supplied	
Note: Original drug receipts will be considered for payment by the Board when identified by your claim number, name and quantity of drugs and name of prescribing physician.		
5	If fellow workers or supervisors are aware of your continuing trouble, provide their names and addresses Greg Binnie and Monique Rivard Action Force Driver Service Tod 1790 Albion Rd. Rexdale ONT.	
6	If a further incident aggravated your disability, give details Jolting around and bouncing in the seat while driving a truck.	
7	Why do you feel your present condition is the result of your accident? I have had constant pain in my back and neck since the injury and it has gotten worse to the point I can not drive a truck.	
8	Do you have any additional facts which may be helpful in establishing further entitlement? I find it very difficult to concentrate on driving. When I almost hit a car because my back & neck was hurting I was moving my head around.	
9	Did you stop work due to your disability? Provide dates. Yes, have not worked for Action Force or anywhere else since Aug 20/97.	
	Date 15 Sep 97	Signature Paul Taylor

