



**This form is not accepted as an account.** When filling in the form, please PRINT.

**CLAIMS CALL CENTRE**

Phone 604 231-8888  
Toll-free 1 888 967-5377  
M-F, 8:00 a.m. to 4:30 p.m.

**FAX**

**604 233-9777**  
Toll-free **1 888 922-8807**

**MAIL**

WorkSafeBC  
PO Box 4700 Stn Terminal  
Vancouver BC V6B 1J1

**Worker information**

Worker last name	First name	Middle initial	WorkSafeBC claim number
Worker PHN from BC CareCard	Date of service (yyyy-mm-dd)		Date of report (yyyy-mm-dd)

The information required is that referable to the damage done in the accident. WorkSafeBC does not assume responsibility for any other services rendered.

This worker has requested that WorkSafeBC consider replacement or repair of eyeglasses/contact lenses which were damaged while at work.

It would be appreciated if you would answer the following questions and return this form to the WorkSafeBC office, so that we may assess the amount payable for actual damage sustained.

1. Please check <input checked="" type="checkbox"/> one box only:			
a) Single vision lens <input type="checkbox"/>	c) Flat top bifocal <input type="checkbox"/>	e) Contact lenses <input type="checkbox"/>	
b) Round top bifocal <input type="checkbox"/>	d) Trifocal <input type="checkbox"/>		
2. Please state sphere, cylinders (please give full details)	O.D. add. O.S. add.	Circle division 1st or 2nd	
3. Please check if supplied	Tint <input type="checkbox"/>	Prism <input type="checkbox"/>	Hardex <input type="checkbox"/>
4. Frames: Please describe types supplied			
5. Who supplied the previous glasses?			
6. When were they supplied? (yyyy-mm-dd)			
7. Are the new glasses the same quality of frame?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Are the new glasses the same lens type and quality as the old ones?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Signature of physician-optician, optometrist, or optician	Date (yyyy-mm-dd)
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Personal information on this form is collected for the purposes of administering a worker's compensation claim by WorkSafeBC in accordance with the *Workers Compensation Act* and the *Freedom of Information and Protection of Privacy Act*. For further information about the collection of personal information, please contact WorkSafeBC's Freedom of Information Coordinator at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or telephone 604 279-8171.