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## MAHCP Member - Return to Work Meeting

Member: \_\_\_\_\_ Date: \_\_\_\_\_

Initial/Follow-up: \_\_\_\_\_ Last Meeting Date: \_\_\_\_\_

Attendees: \_\_\_\_\_

EFT: \_\_\_\_\_ Site/Unit: \_\_\_\_\_ Injury Site (no diagnosis): \_\_\_\_\_

Insurer (WCB/MPI/HEBP etc.): \_\_\_\_\_

Contract Issues:

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Concerns:

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Restricted Tasks: \_\_\_\_\_

Placement (Temp/Perm): \_\_\_\_\_

Accommodation Needed: \_\_\_\_\_

Follow-up Meeting Date: \_\_\_\_\_

Forward the original copy to your Labour Relations Officer (LRO) at MAHCP