



Hello,

We would like to share an important update with you.

Sherwin Williams is dedicated to our ongoing commitment to improve our business processes and programs to achieve excellence. Canadian Injury Management Services (CIMS) will be working to support both you and the company in areas related to your accommodation. CIMS's vision is to provide employees with a fair and consistent program that will help our employees, through the recovery and accommodation process.

CIMS is a leader in Disability Management with over 30 years of experience supporting employers and employees across North America. Their team of experienced and knowledgeable Certified Disability Management Professionals are prepared to provide you with support.

CIMS contact:

Krishna Patel

Disability Case Manager

Toll Free: 1-800-839-6448 ext 424

Local: (705) 671-2035 ext 424

Fax: 289.304.9052

Email: kpatel@canadianinjury.com

Again, all medical information is treated with the highest degree of confidentiality and only levels of ability are shared with Sherwin Williams so that we can determine whether you qualify for ongoing payment and allow us to work with you on your accommodation.

They are now part of the Sherwin Williams accommodation process and to access this benefit, you must respond to them when they reach out.

If you have any questions, please reach out to your manager/HR team.

Your Benefits and Human Resources Team



CONSENT FOR THE RELEASE OF INFORMATION

I, _____, authorize and direct my medical service provider to release information regarding my condition of _____ (specify) and issues impacting my recovery to Canadian Injury Management Services.

I understand that Canadian Injury Management Services is contracted with my employer to provide guidance on my level of ability to return to work. I have also been advised that all medical information remains confidential and in the care of CIMS, and that only functional or cognitive information related to my level of ability will be shared with my employer so they are able to meet their legislated obligation to make efforts to provide work that is safe and suitable.

I understand that Canadian Injury Management Services will use the information provided to promote recovery efforts and assist in a safe return to work process. On occasion, when requests for third-party treatment, or clarification is requested from specialists, this authorization will allow CIMS to share historical data with the treating agent or assessor.

I also understand that such records are important, and I am aware and have been requested to keep a copy of all medical for my files, and that any questions in regard to that information should be directed to the medical practitioner completing the report.

Signature

Witness

Date of Consent

NOTICE: The period of this authorization aligns with the period of Short-Term benefits available to me through your employer or 180 days. Consent may be revoked at any point in time by fax (289) 304-9052 or e-mail to specialist@canadianinjury.com. It should be known that Canadian Injury Management Services is obligated by law to disclose information under subpoena. Your privacy is important, and we have taken steps as per legislation to protect your information. If you have questions, please feel free to contact your case manager at CIMS.



Progress Report

Employee Identification			
Name:		Birth Date (DD/MM/YYYY):	
Medical Information			
Nature of Problem(s):			
Treatment plan/Information: (physio, MRI, EMG, etc.)			
Anticipated Return to Work Date:		Next Appointment Date:	
Abilities			
Walking: <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 100 meters <input type="checkbox"/> 100-200 meters <input type="checkbox"/> Other (please specify)	Standing: <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 15 minutes <input type="checkbox"/> 15-30 minutes <input type="checkbox"/> Other (please specify)	Sitting: <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 30 minutes <input type="checkbox"/> 30 minutes -1 hour <input type="checkbox"/> Other (please specify)	Able to use public transit? <input type="checkbox"/> Yes <input type="checkbox"/> No Able to drive a car? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lifting from floor to waist: <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 5 Kg <input type="checkbox"/> 5-10 Kg <input type="checkbox"/> Other (please specify)	Lifting from waist to shoulder: <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 5 Kg <input type="checkbox"/> 5-10 Kg <input type="checkbox"/> Other (please specify)	Ladder climbing: <input type="checkbox"/> Full abilities <input type="checkbox"/> 1-3 steps <input type="checkbox"/> 4-6 steps <input type="checkbox"/> Other (please specify)	Stair Climbing: <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 5 steps <input type="checkbox"/> 5-10 steps <input type="checkbox"/> Other (please specify)
Bending/Twisting: <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 15 minutes <input type="checkbox"/> 15-30 minutes <input type="checkbox"/> Other (please specify)	Pushing/pulling with: <input type="checkbox"/> Left arm <input type="checkbox"/> Right arm <input type="checkbox"/> Both arms <input type="checkbox"/> None	Operate motorized equipment: <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 30 minutes <input type="checkbox"/> 30 minutes - 1 hour <input type="checkbox"/> Other (please specify)	Potential side effects from medications? <input type="checkbox"/> Yes <input type="checkbox"/> No
Limitations			
Limited use of left hand <input type="checkbox"/> Gripping <input type="checkbox"/> Pinching <input type="checkbox"/> Other (please specify)	Limited use of right hand <input type="checkbox"/> Gripping <input type="checkbox"/> Pinching <input type="checkbox"/> Other (please specify)	Environmental exposure: <input type="checkbox"/> Heat <input type="checkbox"/> Cold <input type="checkbox"/> Noise <input type="checkbox"/> Scents	Exposure to vibration: <input type="checkbox"/> While body <input type="checkbox"/> Hand/arm <input type="checkbox"/> Feet/legs



Cognitive Analysis

		Comments
Attention/Concentration	<input type="checkbox"/> Affected <input type="checkbox"/> Not Affected	
Memory (Short/Long Term)	<input type="checkbox"/> Affected <input type="checkbox"/> Not Affected	
Judgement (ability to make decisions)	<input type="checkbox"/> Affected <input type="checkbox"/> Not Affected	

Other Psychosocial Considerations (Cognitive/ Mental Health/ Medication/ Illness):

Other Considerations that would impact the ability to work:

CIMS may contact you for further clarification

Treatment Provider Signature:	Date:
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Name of Treatment Provider, Contact Information (Print or Stamp)

Please return by email to specialist@canadianinjury.com or by fax to CIMS at 289-304-9052