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:

Toll Free: 1-800-839-6448
Local: (705) 671-2035
Email: specialist@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

SAMPLE

CANADIAN INJURY MANAGEMENT SERVICES

Canadian Injury Management Services Inc.
30 Kelfield Street, Toronto, ON M9W 5A2
TF 1.800.839.6448 | T 705.671.2035 | F 289.304.9052
specialist@canadianinjury.com | canadianinjury.com

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.

CANADIAN INJURY MANAGEMENT SERVICES

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: ☐ Full abilities ☐ Up to 100 meters ☐ 100-200 meters ☐ Other (please specify)	Standing: ☐ Full abilities ☐ Up to 15 minutes ☐ 15-30 minutes ☐ Other (please specify)	Sitting: ☐ Full abilities ☐ Up to 30 minutes ☐ 30 minutes -1 hour ☐ Other (please specify)	Able to use public transit? ☐ Yes ☐ No Able to drive a car? ☐ Yes ☐ No
Lifting from floor to waist: ☐ Full abilities ☐ Up to 5 Kg ☐ 5-10 Kg ☐ Other (please specify)	Lifting from waist to shoulder: ☐ Full abilities ☐ Up to 5 Kg ☐ 5-10 Kg ☐ Other (please specify)	Ladder climbing: ☐ Full abilities ☐ 1-3 steps ☐ 4-6 steps ☐ Other (please specify)	Stair Climbing: ☐ Full abilities ☐ Up to 5 steps ☐ 5-10 steps ☐ Other (please specify)
Bending/Twisting: ☐ Full abilities ☐ Up to 15 minutes ☐ 15-30 minutes ☐ Other (please specify)	Pushing/pulling with: ☐ Left arm ☐ Right arm ☐ Both arms ☐ None	Operate motorized equipment: ☐ Full abilities ☐ Up to 30 minutes ☐ 30 minutes - 1 hour ☐ Other (please specify)	Potential side effects from medications? ☐ Yes ☐ No

Limitations

Limited use of left hand ☐ Gripping ☐ Pinching ☐ Other (please specify)	Limited use of right hand ☐ Gripping ☐ Pinching ☐ Other (please specify)	Environmental exposure: ☐ Heat ☐ Cold ☐ Noise ☐ Scents	Exposure to vibration: ☐ While body ☐ Hand/arm ☐ Feet/legs

CANADIAN INJURY MANAGEMENT SERVICES

Cognitive Analysis		
		Comments
Attention/Concentration	☐ Affected ☐ Not Affected	
Memory (Short/Long Term)	☐ Affected ☐ Not Affected	
Judgement (ability to make decisions)	☐ Affected ☐ 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:
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		