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C1489

# Combined Physical and Cognitive-Psychosocial Job Demand Analysis

WCB claim number

## WORKER DETAILS

Worker's surname		First name and initial	
Job title	Hours per shift	Shifts per week/shift rotation	
Company name		Completed by	
Employer contact		Telephone number	

Attach this cover page to the employer's version of the combined physical and cognitive-psychosocial job demands, or copy details into section below.