

Medical Ability to Work Form

The information in this report is considered confidential. This form will be used to provide our employee with work suitable to his/her physical abilities and/or limitations. The employee recognizes that this information may be released to any third party who has interest in assessing their medical fitness to return to work and/or entitlement to benefits.

Employee Name: _____

Date of disability: _____

Position: _____

Details of Limitations and/or Restrictions

*Limitation: Patient is medically **able to perform the activity in a reduced capacity**. For example, patient is not able to perform the job with the usual speed, strength or number of repetitions, or for the usual duration.*

*Restriction: Patient is advised **not to perform this activity in any capacity**.*

Include as much detail as possible as this information enables the District to create a safe work environment.

| Physical | | Comments: |
|--------------------------------|--|-----------|
| Walking | <ul style="list-style-type: none"> <input type="radio"/> Some restrictions <input type="radio"/> Short distance (less than 600 m) <input type="radio"/> No restrictions <input type="radio"/> No walking | |
| Standing | <ul style="list-style-type: none"> <input type="radio"/> Some restrictions <input type="radio"/> 15 min max <input type="radio"/> 30 min max <input type="radio"/> 60 min max <input type="radio"/> No restrictions <input type="radio"/> No standing | |
| Sitting | <ul style="list-style-type: none"> <input type="radio"/> Some restrictions <input type="radio"/> Up to 1 hour <input type="radio"/> Up to 3 hours <input type="radio"/> Up to 6 hours <input type="radio"/> No restrictions <input type="radio"/> No sedentary | |
| Climbing: | <ul style="list-style-type: none"> <input type="radio"/> Some restrictions <input type="radio"/> No tolerance <input type="radio"/> 1 flight max (14 stairs) <input type="radio"/> No restrictions <input type="radio"/> No standing | |
| Carrying/Lifting Push/Pull: | <ul style="list-style-type: none"> <input type="radio"/> Some restrictions <input type="radio"/> Up to 5 lbs <input type="radio"/> Up to 10 lbs <input type="radio"/> Up to 20 lbs <input type="radio"/> No restrictions <input type="radio"/> No carrying/lifting/pushing/pulling | |

Please return the completed form to HR

at Melissa.maida@sd8.bc.ca or

Fax to 250-352-6686

| | | |
|--------------------------------------|---|------------------|
| Bending/Stooping: | <input type="radio"/> Some restrictions <input type="radio"/> < 10 reps per hour <input type="radio"/> < 20 reps per hour <input type="radio"/> No restrictions <input type="radio"/> No standing | |
| Shoulder movements: | <input type="radio"/> Some restrictions <input type="radio"/> No above shoulder <input type="radio"/> No below waist <input type="radio"/> No arm extension <input type="radio"/> No shoulder movement <input type="radio"/> No restrictions | |
| Vision: | <input type="radio"/> No restrictions <input type="radio"/> Limitations exist | |
| Hearing | <input type="radio"/> No restrictions <input type="radio"/> Limitations exist | |
| Balance: | <input type="radio"/> No restrictions <input type="radio"/> Limitations exist | |
| Working outside | <input type="radio"/> No restrictions <input type="radio"/> Limitations exist | |
| Operating vehicle or equipment | <input type="radio"/> Some restrictions <input type="radio"/> No restrictions | |
| Working at heights | <input type="radio"/> Some restrictions <input type="radio"/> No restrictions | |
| Environmental | | Comments: |
| Exposure to dust/fumes/odors | <input type="radio"/> Some restrictions <input type="radio"/> No restrictions | |
| Exposure to heat/cold | <input type="radio"/> Some restrictions <input type="radio"/> No restrictions | |
| Exposure to chemicals | <input type="radio"/> Some restrictions <input type="radio"/> No restrictions | |
| Psychosocial and/or Cognitive | | Comments: |
| Attention and/or concentration | <input type="radio"/> No restrictions <input type="radio"/> Limitations exist | |
| Learning and/or memory | <input type="radio"/> No restrictions <input type="radio"/> Limitations exist | |
| Judgement: | <input type="radio"/> No restrictions <input type="radio"/> Limitations exist | |
| Organization and/or planning | <input type="radio"/> No restrictions <input type="radio"/> Limitations exist | |
| Communication: | <input type="radio"/> No restrictions <input type="radio"/> Limitations exist | |
| Social interactions: | <input type="radio"/> No restrictions <input type="radio"/> Limitations exist | |

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| Any other restrictions and/or limitations: |
| <p>Does the patient require medical aids or personal protective equipment? Please specify.</p> <p>If suitable employment is available which meets the above defined limitations and/or restrictions, is this employee capable of returning to work? If yes, please specify the date.</p> |

Proposed Graduated Return to Work Schedule

The proposed schedule will be taken into consideration along with WorkSafeBC Regulations and operational requirements.

| Week of: | Hours per day: | Number of days per week: |
|----------|----------------|--------------------------|
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| | | |

Limits and/or restrictions will be required for a period of (days or weeks): _____

Modified duties can start on: _____

Date of return to normal job duties: _____

Date of next assessment: _____

Physician's Name: _____

Signature: _____ Date: _____

The information in this report is considered confidential. Any charge for completion of this form is the responsibility of the claimant.