

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

Please return the completed form to HR

at [Melissa.maida@sd8.bc.ca](mailto:Melissa.maida@sd8.bc.ca) or

Fax to 250-505-7066

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	
<b>Environmental</b>		<b>Comments:</b>
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	
<b>Psychosocial and/or Cognitive</b>		<b>Comments:</b>
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	

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:

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.*