

Complete this form and return it to the address on the contact on the last page

Completed by the Employee

Name: _____ Employee ID Number: _____
Last day worked: _____ Job title: _____

Authorization: I authorize any Health Professional involved with my treatment to provide my employer with this form when completed, containing information including any medical limitations/restrictions related to my ability to return to work or perform my assigned duties.

Employee Signature: _____ Date: _____

A -Completed by the Treating Health Practitioner

Complete all relevant sections and provide as much detail as possible. **Missing information will require the employer to follow-up.** Please reference any job description, physical demands analysis or job summary that has have been provided in determining any restrictions.

- Normal Functional Abilities – Fit for regular duties. Skip to end (**Section G-Signature**)
- Reduced Functional Abilities (please also complete applicable sections: **B –Musculoskeletal, C - Behavioural Cognitive, D –Work Environment, E-Return to Work and Scheduling, F –Estimated Duration of Limitations, G - Signature**)

Date of commencement of illness: _____ Most recent examination date: _____

Prognosis for recovery: _____

Has this employee been referred to a specialist? No Yes (specify date) _____

Is the illness being treated work-related? No Yes (details) _____

Are you aware of any work-related issues that may have a negative effect on the employee’s present medical condition?
 Yes No (details) _____

Are there any medical reasons why the employee cannot discuss the workplace issues with Human Resources?
 No Yes (If Yes, what are the medical limitations and duration of the limitations?)

Is the employee taking medication that impacts their ability to perform the essential duties of their job? Yes
(please specify) _____

B -Musculoskeletal functional abilities

Section B - Not Applicable (Skip to section C)

Please identify and detail limitations/restrictions (% , kg, degree, repetition, as applicable, etc.)

Neck:	
Shoulder:	
Elbow:	
Wrist/Hand:	
Finger:	
Back:	
Hip:	
Knee:	

Walking: Full abilities Other: _____

Standing: Full abilities Other: _____

Sitting: Full abilities Other: _____

Lifting from floor to waist: Full abilities Other: _____

Lifting from waist to shoulder: Full abilities Other: _____

Lifting from above shoulder: Full abilities Other: _____

Other: _____

Stair climbing: Full abilities Other: _____

Ladder climbing: Full abilities Other: _____

Difficulty in: Bending/twisting repetitive movement of: _____

Working at or above shoulder activity: _____

Limited pushing/pulling with: Not applicable Left arm Right arm Other: _____

Limited use of hand(s) or wrist(s): Not applicable

Typing/keyboard use: Left Right Writing: Left Right Gripping: Left Right Pinching: Left Right

Other: _____ Left Right

Difficulty in: Not applicable

Operating motorized equipment: _____

Working at heights: _____

Chemical Exposure to: _____

Exposure to vibration: _____

Operating machinery: _____

Situation Sensitivity: _____

Environmental conditions: _____

Musculoskeletal Functional comments

Please also complete Sections C (if applicable), D, E, F and G

C-Behavioural and Cognitive Functional Abilities

Section C - Not Applicable (complete Section B)

Select all that are applicable only:

(1) Self-Supervision

- Cannot self-supervise, requires constant work supervision
- Requires frequent supervision
- Can tolerate infrequent supervision
- Able to carry out tasks in a self-supervisor manner

(2) Supervision of others

- Not able to fulfill any supervisory role
- Able to provide work direction to one or more workers
- Able to provide work direction and some elements of managing work performance, not including disciplinary action
- Able to assume full supervisory responsibility

(3) Task responsibility and persistence

- Unable to take primary responsibility for completing tasks
- Requires allowance to leave work area and access quiet area as needed
- Must work with a partner or be restricted to job shadowing
- Unable to sustain continuous performance beyond ___ hours per day
- Fully able to take responsibility

(4) Multi-tasking

- Has difficulty performance more than one task at a time
- Can handle more than one task, but requires clear cues to indicate when each task should be performed
- Can perform multiple tasks requiring some time management skill and judgement to determine priorities
- Fully able to perform multiple tasks requiring time management skill and judgement to determine priorities

(5) Energy Level

- Unable to maintain energy for part of the day
- Able to maintain energy for most of the day
- Fully able to maintain energy during the day

(6) Social Interaction

- Unable to socially interact with others (ie, colleagues, students, general public)
- Limited ability to socially interact with others
- Able to socially interact with others

(7) Cooperate with others

- Works best alone; has difficulty working cooperatively with others
- Can work cooperatively with others on an infrequent basis
- Can work cooperatively with others on some tasks
- Can work in isolation
- Fully able to cooperate with others

(8) Tolerance to confrontation

- Unable to work in such situations
- Able to tolerate infrequent exposure to such situations
- Able to tolerate occasional exposure to such situations
- Able to tolerate frequent exposure to such situations

(9) Responsibility and accountability

- May be prone to errors in judgement and/or lapses of attention and should only perform work in which such errors or lapses would have insignificant consequences
- Able to exercise some judgement and responsibility, but occasional lapses may occur. The worker should be assigned to work in which such lapses would not create serious difficulty
- Able to exercise a moderate degree of judgement and responsibility, but not to a sufficient extent to assume responsibility for the safety of others
- Able to exercise sufficient judgement and responsibility to perform well

(10) Tolerance to deadlines

- Likely to have difficulty working quickly or under time pressure
- Capable of a moderate work pace and can occasionally work under time constraints
- Capable of a moderately fast work pace and can frequently work under time constraints
- Fully able to tolerate time pressures and work quickly

(11) Attention to detail

- Unable to concentrate on or attend to details
- Able to concentrate on or attend to details for some tasks, although not at an intense level
- Able to concentrate on or attend to details at a significant level for many tasks or at an intense level for some tasks
- Able to concentrate on or attend to details at an intense level for the majority of the shift

(12) Tolerance to distracting stimuli

- Requires a quiet, non-distracting work environment in order to work effectively
- Able to work effectively with a minor degree of distracting stimuli
- Able to work effectively with a moderate degree of distracting stimuli
- Able to work effectively with a high degree of distracting stimuli
- Able to work effectively

(13) Cognitive demands – check all that apply

- Able to attain precise limits/standards
- Able to problem solve and make decisions
- Able to take initiative
- Capable of making sound judgement
- Capable of analytical thinking

(14) Tolerance level

- Unable to work effectively in stressful circumstances or with distressed individuals
- Able to tolerate infrequent exposure (e.g. monthly) to stressful circumstances or distressed individuals
- Able to tolerate occasional exposure (e.g. weekly) to stressful circumstances or distressed individuals
- Able to tolerate frequent exposure to stressful circumstances or distressed individuals

(15) Comprehension

- Unable to comprehend written documentation
- Unable to comprehend verbal instruction

(16) Communication

- Has little communication skill
- Able to comprehend and communicate information at a basic level within well-defined parameters
- Has sufficient communication skills to comprehend and communicate information fluently

(17) Memory

- Has poor ability to remember information and apply to work tasks
- Has basic memory ability: Can recall information that is applied to work tasks on a regular basis without rigid time constraints
- Has moderate memory ability: Can recall information that is harder to remember because it is infrequently used or because of time pressures
- Has memory ability comparable to his/her normal pre-injury abilities

Please also complete Sections D, E, F and G

D-Work Environment

Please indicate any situations/settings from which the worker is restricted.

- | | |
|---|--|
| <input type="checkbox"/> Working within an office environment | <input type="checkbox"/> Working within a healthcare setting |
| <input type="checkbox"/> Settings, involving high level of social interaction | <input type="checkbox"/> Working within security |
| <input type="checkbox"/> Setting which require strenuous activity | <input type="checkbox"/> Travelling in a vehicle to a remote work site or on the job |
| <input type="checkbox"/> Working around heavy machinery | <input type="checkbox"/> Settings where there is access to substance of abuse |
| <input type="checkbox"/> Exposure to trauma triggers (please specify) _____ | |
| <input type="checkbox"/> Chemical exposure to _____ | |
| <input type="checkbox"/> Environmental exposure to _____ | |
| <input type="checkbox"/> Other (please explain) _____ | |

Comments

G-Signature of Treating Health Practitioner _____

No reassessment anticipated I recommend a reassessment of capabilities on _____

I have provided this completed Functional Abilities form to the employee Yes No

I have not discussed Return to Work with the employee (specify reason):

Signature

Profession

Name

Date

Note: If there is a fee associated with the completion of this form, Carleton will reimburse to a maximum of \$100.00

Return completed form to _____

Attention: _____

Email to MedicalLeave@cunet.carleton.ca

or fax to 343-688-1411