

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 Practioner

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) _____

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: _____

Operating machinery: _____

Working at heights: _____

Situation Sensitivity: _____

Chemical Exposure to: _____

Environmental conditions: _____

Exposure to vibration: _____

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
- Unable 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

E-Return to Work and Scheduling

Schedule Restrictions

- | | | |
|--|--|--|
| <input type="checkbox"/> Unable to work rotating shifts | <input type="checkbox"/> Unable to work night shifts | <input type="checkbox"/> Unable to work morning shifts |
| <input type="checkbox"/> Unable to work prolonged workdays | <input type="checkbox"/> Unable to work overtime | |

Graduated Return to Work Recommendations

I recommend the employee begins working _____ hours per day, _____ days per week, starting _____

The schedule should increase by _____ hours per day each week. This plan would have the employee back to full hours by _____.

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

Return completed form to _____

Attention: _____

Email to MedicalLeave@cunet.carleton.ca

or fax to 343-688-1411