



## MEDICAL PRACTITIONER'S REPORT WORKPLACE CAPABILITIES/RETURN TO WORK

Dear Dr. \_\_\_\_\_

Frontier School Division accommodates employees to aid in the early and successful rehabilitation of ill or injured workers. In order to identify appropriate work, Frontier School Division requests your assistance by completing this form, which will provide the employee with duties within the employee's capabilities given your assessment of his/her capabilities. Please complete Sections A, B, C, as applicable. Your cooperation is appreciated.

This certifies that I have thoroughly examined \_\_\_\_\_  
(Name of Patient)

Date of last attendance on employee \_\_\_\_\_

**Section A**

1. Does employee have a medical condition that would prevent him/her from attending work and performing his/her duties full-time as described in the attached job description?

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, can employee carry out his/her duties on a part-time basis with no restrictions:

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, what percent of full time \_\_\_\_\_

**Section B**

2. Employee may return to modified work, with restrictions, as indicated below:

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please complete the following:

a. Employee is able to do the following: (Please check column that applies)

Action	No Restrictions	Continuous 67% - 100%	Frequent 34% - 66%	Occasional Up to 33%	Not at all
Standing					
Walking					
Sitting					
Working with hands above shoulders					

Action	No Restrictions	Continuous 67% - 100%	Frequent 34% - 66%	Occasional Up to 33%	Not at all
Reaching within body envelope					
Reaching outside body envelope					
Bending					
Twisting					
Squatting					
Kneeling					
Climbing					
Repetitive hand/wrist/elbow: Right - flexion/extension - radial/ulnar deviation					
Left - flexion/extension - radial/ulnar deviation					
<b>OTHER:</b>					

b. Employee can lift/carry:

- (a) Floor to waist:       less than 2 kg     2 kg to 10 kg     10 kg to 23 kg     No restrictions
- (b) Waist to shoulder:     less than 2 kg     2 kg to 10 kg     10 kg to 23 kg     No restrictions

c. Is employee restricted by environmental factors such as heat/cold, dust, chemical fumes, etc.?

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please explain:

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d. Is employee required to wear or use assistive equipment?

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please explain:

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e. Is employee involved with treatment and/or medications that may affect his/her ability to perform some or all of the assigned duties or which could affect the safety of the employee or others?

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

f. Are there any other specific stressors/situations that would affect employee's ability to perform some or all of the assigned duties?

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

g. Additional information that you feel would be pertinent and beneficial in order to facilitate employee regularly attending work.

\_\_\_\_\_  
\_\_\_\_\_

h. Recommendation for work hours:

\_\_\_\_\_ Full-time hours, OR \_\_\_\_\_ Graduated hours as follows:

\_\_\_\_\_ number of hours for \_\_\_\_\_ number of weeks, increasing to:

\_\_\_\_\_ number of hours for \_\_\_\_\_ number of weeks.

Employee will return to full-time work on \_\_\_\_\_ OR

Date of next attendance on employee \_\_\_\_\_

i. Has employee been referred to a specialist who would have relevant information concerning the employee's return to work?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, referred to Dr. \_\_\_\_\_

Address \_\_\_\_\_

**Section C**

Employee is totally disabled.

Estimated duration of absence from work: \_\_\_\_\_ Days \_\_\_\_\_ Weeks

Date of next attendance on employee: \_\_\_\_\_

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In accordance with the consent form attached, I provide this report to Frontier School Division and to employee.

Medical Practitioner's Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Medical Practitioner)                      Date: \_\_\_\_\_

Adopted September 1, 2009		
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