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**Fitness to Work and Functional Abilities Assessment Form**

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| **SECTION A – Employee information**  | (To be completed by the manager) |
| **Name of employee** | **Branch/Division** | **Office/Location** |
|
| **Job title**  | **Regular work schedule** \_\_\_\_\_\_ hours/day \_\_\_\_\_\_ days/week | **Absence commenced date**[ ]  Summary of absences attached |
| **Employment Status** |
| **Name of Manager / Supervisor** | **Signature** | **Date** (dd-mm-yyyy) |
| **A letter containing further information has been joined to this form** [ ]  **yes** [ ]  **no** |

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| **SECTION B – Fitness to work** | (To be completed by health care practitioner) |
| **Does the employee have a health condition (disability\*) that must be accommodated in the workplace?** |
|  [ ]  Yes [ ]  No |
| \* According to the Canadian Human Rights Act, “disability” means “any previous or existing mental or physical disability and includes disfigurement and previous or existing dependence on alcohol or a drug. |
| **Which of these statements applies to the employee’s situation?**[ ]  Fit to work (able to work his or her regular work schedule without limitation or restriction) – **Complete Sections C and F** [ ]  Fit to work **subject** to certain functional limitations or restrictions – **Complete Sections C, D, E and F** Date of next appointment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (dd-mm-yyyy)  [ ]  Unfit to work – **Complete Section F**  Date of next appointment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (dd-mm-yyyy) **Note: Do not provide medical diagnosis, treatment or medication information.**  |

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| **SECTION C – Work schedule** | (To be completed by health care practitioner) |
| **Is the employee fit to work his or her regular work schedule as specified in Section A?**  |
|  [ ]  Yes [ ]  No Expected return-to-work date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (dd-mm-yyyy)  |
| **If the employee is unable to work the regular schedule**, please indicate in the table below the amount of hours per day and the numbers of days per week that the employee is able to work. Please specify the information for a 12 week period. |
| **Week****1** | **Week****2** | **Week****3** | **Week****4** | **Week****5** | **Week****6** | **Week****7** | **Week****8** | **Week****9** | **Week****10** | **Week****11** | **Week****12** |
| **Hrs./Day** | **Hrs./Day** | **Hrs./Day** | **Hrs./Day** | **Hrs./Day** | **Hrs./Day** | **Hrs./Day** | **Hrs./Day** | **Hrs./Day** | **Hrs./Day** | **Hrs./Day** | **Hrs./Day** |
| **Days/Wk.** | **Days/Wk.** | **Days/Wk.** | **Days/Wk.** | **Days/Wk.** | **Days/Wk.** | **Days/Wk.** | **Days/Wk.** | **Days/Wk.** | **Days/Wk.** | **Days/Wk.** | **Days/Wk.** |

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| **SECTION D – Abilities required to perform principal work duties** |
| **To be completed by the manager**(If required, use Section E to provide more details) | **To be completed by health care practitioner**(If required, use Section E to provide more details) |
| The employee’s principal work duties require the following physical and/or non-physical capacities:  | Please provide details on each of the limitations and restrictions. |
| **Movement of the spinal column** | **Limitations and restrictions**[ ]  None[ ]  Permanent[ ]  Temporary Anticipated duration:\_\_\_\_\_\_\_\_\_ |  |
| Back:  | [ ]  Bending forward [ ]  Bending backward[ ]  Side bending [ ]  Twisting  |
| Neck:  | [ ]  Bending forward [ ]  Looking up [ ]  Side bending [ ]  Rotation   |
| **Sitting activities**[ ]  Computer work: \_\_\_\_% of day [ ]  Meetings: \_\_\_\_% of day [ ]  Desk work (reading, writing): \_\_\_\_ % of day [ ]  Driving: \_\_\_\_% of day [ ]  Telephone use ([ ]  with headset): \_\_\_\_ % of day  | **Limitations and restrictions**[ ]  None[ ]  Permanent[ ]  Temporary Anticipated duration:\_\_\_\_\_\_\_\_\_ |  |
| **Standing activities** [ ]  Standing: \_\_\_\_% of day  On what type of surface: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Walking: \_\_\_\_\_ km, or \_\_\_\_\_ hours per day  On what type of surface: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Stooping [ ]  Crouching/Squatting [ ]  Kneeling [ ]  Operating general office equipment (e.g., printer)[ ]  Activities requiring balancing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Climbing (e.g., stairs, stepladder): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Limitations and restrictions**[ ]  None[ ]  Permanent[ ]  Temporary Anticipated duration:\_\_\_\_\_\_\_\_\_ |  |
| **Lifting, carrying, pushing or pulling** | **Limitations and restrictions**[ ]  None[ ]  Permanent[ ]  Temporary Anticipated duration:\_\_\_\_\_\_\_\_\_ |  |
| [ ]  Lifting from floor to waist [ ]  Lifting from waist to shoulder [ ]  Lifting above shoulder [ ]  Carrying [ ]  Pushing/pulling  | Max. weight:\_\_\_\_ (kg)Max. weight:\_\_\_\_ (kg)Max. weight:\_\_\_\_ (kg)Max. weight:\_\_\_\_ (kg)Max. weight:\_\_\_\_ (kg) |
| **Working with shoulders, elbows, wrists,** **hands or fingers**[ ] Reaching: [ ]  Above shoulder level [ ]  Below shoulder level [ ]  At shoulder level[ ]  Using a keyboard: \_\_\_\_\_% of day [ ]  Writing: \_\_\_\_% of day [ ]  Using computer mouse[ ]  Filing[ ]  Handling objects[ ]  Handling vibrating tools/objects [ ]  Handling tools requiring strong hand grip | **Limitations and restrictions**[ ]  None[ ]  Permanent[ ]  Temporary Anticipated duration:\_\_\_\_\_\_\_\_\_ |  |

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| **SECTION D – Abilities required to perform principal work duties** |
| **To be completed by the manager**(If required, use Section E to provide more details) | **To be completed by health care practitioner**(If required, use Section E to provide more details) |
| The employee’s principal work duties require the following physical and/or non-physical capacities: | Please provide details on each of the limitations and restrictions requiring accommodation measures. |
| **Activities requiring senses** [ ]  Speaking [ ]  Hearing [ ]  Near vision [ ]  Far vision [ ]  Depth perception [ ]  Viewing computer screen -\_\_\_\_% of day [ ]  Driving | **Limitations and restrictions**[ ]  None[ ]  Permanent[ ]  Temporary Anticipated duration:\_\_\_\_\_\_\_\_\_ |  |
| **Cognitive/mental demands:**[ ]  Attention to detail [ ]  Continuous alertness, sustained concentration/focus[ ]  Multitasking[ ]  Communicate effectively[ ]  Autonomy / Minimal supervision [ ]  Working under specific instructions [ ]  Achieving specific performance standards [ ]  Retention of information [ ]  Initiative [ ]  Adaptability [ ]  Problem solving, decision making [ ]  Analytical thinking [ ]  Sound judgement  | **Limitations and restrictions**[ ]  None[ ]  Permanent[ ]  Temporary Anticipated duration:\_\_\_\_\_\_\_\_\_ |  |
| **Social/emotional demands:**[ ]  Working in isolation [ ]  Teamwork [ ]  Supervising others [ ] Relationship/network building [ ]  Influencing others [ ]  Conflict resolution [ ]  Seeking/responding to feedback [ ]  Exposure to emotional or confrontational situations[ ]  Working closely with the public, clients or others[ ]  Working in crisis or emergency situations  | **Limitations and restrictions**[ ]  None[ ]  Permanent[ ]  Temporary Anticipated duration:\_\_\_\_\_\_\_\_\_ |  |
| **Schedule demands:**[ ]  Following a schedule, maintaining attendance/punctuality[ ]  Overtime work[ ]  Shift work [ ]  On call [ ]  Repetitive work [ ]  Variety of tasks [ ]  Travel:  Frequency per day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mode of transportation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of day:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Limitations and restrictions**[ ]  None[ ]  Permanent[ ]  Temporary Anticipated duration:\_\_\_\_\_\_\_\_\_ |  |

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| **SECTION E – Specific questions, issues/comments** |
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| **SECTION F – Signature of health care practitioner** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name (please print) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature |

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| Stamp of health care practitioner |

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date (dd-mm-yyyy) |