

FUNCTIONAL ABILITIES FORM FOR A TIMELY RETURN TO WORK

SECTION A: Employee Information (to be completed by the employee)

Name: _____ Position: _____
 Employee ID: _____ Department: _____
 Address: _____
 Manager/Supervisor: _____ Phone: _____
 Last Day Worked: _____ First Missed Shift: _____

SECTION B: (to be completed by a licensed medical practitioner)

We are requesting that this area be **fully** completed as applicable to the employee's illness/injury complaints so that we can ensure the employee's safety, consider necessary accommodations, and determine eligibility for salary replacement benefits.

Type of disability (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Communicable Disease | <input type="checkbox"/> Illness |
| <input type="checkbox"/> Injury | <input type="checkbox"/> MVA |
| <input type="checkbox"/> Non OHIP Procedure (optional medical procedure) | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Work Related Illness/Injury (WSIB) | <input type="checkbox"/> Other (please explain): _____ |

Date(s) examined/assessed: _____

Specified period of absence (total disability): _____

Rehabilitation/Treatment required: Yes No

Prognosis/Return to work date: _____ Reassessment date: _____

Capacity to work: Full-time hours without restrictions Date: _____

Modified hours/duties in compliance with the functional limitations listed in Section D

Expected Duration: _____ Reassessment date: _____

Complete Recovery expected: Yes No If no please explain: _____

SECTION C: (to be completed by a licensed medical practitioner)

Is the employee under your active care? Yes No If no, please indicate other treatment providers involved:

Is there a treatment plan in place? Yes No If no, please explain:

Is the employee compliant with the treatment? Yes No If no, please explain:

SECTION D: (to be completed by a licensed medical practitioner)

Trent University supports early and safe return to work. We are committed to providing meaningful, modified duties to support the recovery process. Please indicate any restrictions below (unmarked categories will be assumed to involve no significant impairment of function).

Was a formal assessment, testing, or measurement completed to determine functional abilities? Yes No

PHYSICAL LIMITATIONS

Lifting floor to waist: <input type="checkbox"/> Full abilities <input type="checkbox"/> 5-10 kg <input type="checkbox"/> Up to 5 kg	Lifting waist to shoulder: <input type="checkbox"/> Full abilities <input type="checkbox"/> 5-10 kg <input type="checkbox"/> Up to 5 kg	Lifting at or above shoulder: <input type="checkbox"/> Full abilities <input type="checkbox"/> 5-10 kg <input type="checkbox"/> Up to 5 kg	Sitting/Standing/Walking: <input type="checkbox"/> Full abilities <input type="checkbox"/> 60 mins <input type="checkbox"/> 15-30 mins
Hand Function Dominance: <input type="checkbox"/> Left and/or <input type="checkbox"/> Right <input type="checkbox"/> Full abilities <input type="checkbox"/> Avoid gripping/pinching	Pushing/Pulling: <input type="checkbox"/> Full abilities <input type="checkbox"/> Occasional	Reaching: <input type="checkbox"/> Full abilities <input type="checkbox"/> No over the shoulder <input type="checkbox"/> No overhead	Bending/Crouching/Kneeling/Climbing: <input type="checkbox"/> Full abilities <input type="checkbox"/> Occasional

PSYCHOLOGICAL/ EMOTIONAL LIMITATIONS

Supervision Required: <input type="checkbox"/> Constant <input type="checkbox"/> Frequent <input type="checkbox"/> Limited	Supervision of Others: <input type="checkbox"/> Unable to supervise others or take any responsibility for their safety <input type="checkbox"/> Can provide limited direction to others and take some responsibility for their safety <input type="checkbox"/> Can provide direction to others and take responsibility for their safety with assistance or monitoring	Tolerance to Deadlines: <input type="checkbox"/> Cannot deal with deadlines <input type="checkbox"/> Able to meet recurring deadlines <input type="checkbox"/> Able to meet deadlines, with time management assistance	Attention to Detail: <input type="checkbox"/> Severely limited <input type="checkbox"/> Limited <input type="checkbox"/> Requires occasional breaks
Performance of Multiple Tasks: <input type="checkbox"/> Can deal with one task at a time <input type="checkbox"/> Can handle more than one, with cues <input type="checkbox"/> Can handle more than one, with time management assistance	Concentration and Tolerance for External Stimulus: <input type="checkbox"/> Needs non distracting work environment <input type="checkbox"/> Can cope with small degree of distraction <input type="checkbox"/> Can cope with distracting stimuli a portion of the day	Ability to work with others: <input type="checkbox"/> Has difficulty working effectively unless alone <input type="checkbox"/> Tolerates others in vicinity, but requires independent tasks <input type="checkbox"/> Can work with others cooperatively when required.	Ability to cope with confrontational situations: <input type="checkbox"/> Unable to cope with confrontational situations <input type="checkbox"/> Can cope when backup is available <input type="checkbox"/> Moderate ability to cope with confrontational situation
Decision Making/Judgement: <input type="checkbox"/> Errors in judgement or indecision likely <input type="checkbox"/> Has difficulty making decisions and/or may require support in decision-making tasks. <input type="checkbox"/> Hesitates to make decisions or doesn't trust their own judgement	Learning and Memory: <input type="checkbox"/> Severely limited <input type="checkbox"/> Limited but ability to perform tasks with guidance <input type="checkbox"/> Moderate ability; easily recalls when prompted.	Communication: <input type="checkbox"/> Unable to communicate effectively <input type="checkbox"/> Able to communicate with familiar audiences in a limited capacity <input type="checkbox"/> Able to communicate with familiar and unfamiliar audiences when required	Adaptation: <input type="checkbox"/> Unable to cope with change <input type="checkbox"/> Able to cope with minor changes when provided notice in advance <input type="checkbox"/> Able to cope with moderate change

Other:



Human Resources Department
1600 West Bank Drive, Peterborough
Ontario, K9J 7B8
Tel: (705)748-1460
Fax: (705) 748-1276

By affixing my signature below, I certify that I am a licensed medical practitioner. I have personally assessed and treated the above patient/employee. It is my opinion that the information is true and accurate.

Name (please print): _____

Health Profession (please print): _____

Address: _____ Phone: _____ Fax: _____

Signature: _____ Date: _____

Once completed: please mail or fax to **Human Resources, Trent University 1600 West Bank Drive, Peterborough Ontario, K9J 0G2** or Fax: **(705) 748-1276**. Thank you for assisting us to work with your patient, our employee.