ABBOTSFORD SCHOOL DISTRICT
RESPECT OPPORTUNITY INNOVATION

THE BOARD OF EDUCATION OF
SCHOOL DISTRICT NO. 34 (ABBOTSFORD)

Employee Work Capacity Assessment Form

1) EMPLOYEE INFORMATION

Employee Name		Job Title	

2) EMPLOYEE AUTHORIZATION

I hereby authorize the release of the following information to the Human Resources, on the understanding that its confidentiality will be respected.

Employee Signature		Date	

TO BE COMPLETED BY THE HEALTH CARE PROVIDER

Dear Care Provider : The information will be used to develop a return to work (RTW) plan for your patient. Your assistance in completing this form in its entirety in a timely manner is greatly appreciated.

Please recommend appropriate shift and hours for the return to work.

Return to work date : _____

Week #	RTW Schedule (Hours/Days)	Week #	RTW Schedule (Hours/Days)
1		5	
2		6	
3		7	
4		8	

3) TREATMENT

Last examination date _____ Next scheduled appointment _____

What is the severity of the condition?_____ ☐ Temporary ☐ Permanent

Has your patient been referred to a specialist? ☐ No ☐ Yes – date of appointment _____

Does this patient have a treatment plan? ☐ No If no, why not?_____

☐ Yes Please provide details: _____

Is the prescribed treatment likely to impair his / her safety at work? ☐ No ☐ Yes

Is the medial problem caused by a workplace incident? ☐ No ☐ Yes

4) ADDITIONAL COMMENTS

_____

_____

_____

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5) HEALTH CARE PROVIDER INFORMATION (Please Print)

Name _____ Date _____

Address _____ Phone # _____

Signature _____

6) ACTIVITY	MAY WORK AT ACTIVITY TO THE FOLLOWING LEVEL	
Sitting	□ No restriction	□ Up to 30 minutes □ Up to 60 minutes □ frequent breaks Functional limitation _____
Driving	□ No restriction	□ Up to 30 minutes □ Up to 60 minutes □ frequent breaks Functional limitation _____
Standing	□ No restriction	□ Up to 30 minutes □ Up to 60 minutes □ frequent breaks Functional limitation _____
Balance	□ No restriction	□ Walking □ Carrying □ Climbing □ Lifting Functional limitation _____
Walking	□ No restriction	□ Short distances □ Smooth surfaces Functional limitation _____
Climbing Stairs	□ No restriction	□ 2-3 Steps □ Short flight □ Own pace Functional limitation _____
Climbing Ladders	□ No restriction	□ 2-3 Steps □ 4-6 Steps □ Own pace Functional limitation _____
Kneeling/crawling	□ No restriction	□ Up to 30 minutes □ Up to 60 minutes Functional limitation _____
Lifting from floor to waist	□ No restriction	□ Up to 4.5kg/10lbs □ Up to 9kg/20lbs □ Up to 22.7kg/50lbs Other _____
Lifting from waist to shoulder	□ No restriction	□ Up to 4.5kg/10lbs □ Up to 9kg/20lbs □ Up to 22.7kg/50lbs Other _____
Carrying	□ No restriction	□ Up to 4.5kg/10lbs □ Up to 9kg/20lbs □ Up to 22.7kg/50lbs Other _____
Pushing/pulling	□ No restriction	□ Up to 9kg/20lbs □ Up to 22.7kg/50lbs Other _____ Static : □ Yes □ No Mobile : □ Yes □ No
Bending/Stooping	□ No restriction	□ Sustained □ Up to _____ minutes/hours □ Repetitive □ Up to _____ minutes/hours
Twisting	□ No restriction	□ Sustained □ Up to _____ minutes/hours □ Repetitive □ Up to _____ minutes/hours
Reaching	□ No restriction	□ Above shoulder level □ Sustained □ Repetitive □ At shoulder level □ Sustained □ Repetitive □ Below shoulder level □ Sustained □ Repetitive
Manual dexterity : Left or Right	□ No restriction	□ Fine manipulations □ Gross manipulations □ Repetitive □ Use of Tools □ Other _____
Cognitive Demands (i.e. decision making, attention to details, deadline pressures)	□ No restriction	
Other		