



## RETURN TO WORK/STAY AT WORK – FITNESS ASSESSMENT FORM

### Employee Information

Full Name		Occupation		Emp #	
Injury/illness	<input type="checkbox"/> Occupational <input type="checkbox"/> Non-Occupational	Date of injury/illness		Claim #	
I authorize my treatment provider(s) to release the information provided below to my employer. I understand this information may also be used to assist in return to work planning as appropriate. I understand that an electronic facsimile or a photocopy is considered as valid as an original signed copy.			Employee Signature	Date	

**Functional Abilities - please COMPLETE section 1 or 2 in full. Temporary light duties and/or modified hours are available for this employee.**

1) <input type="checkbox"/> Fit to return to pre-injury work	2) <input type="checkbox"/> Fit to return with limitations (complete all sections below)					
<p><b>Reduced Functional Abilities</b> New Westminster School District will strive to find transitional work to match the employee's functional abilities. The following information will assist in this process.</p> <p><b>Please check the affected area(s)</b></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Repertory/Aerobic  <input type="checkbox"/> Head(Inc.vision,hearing,speech)  <input type="checkbox"/> Neck                 </div> <div style="width: 30%;"> <input type="checkbox"/> Back  <input type="checkbox"/> Shoulder to upper arm  <input type="checkbox"/> Elbow to lower arm                 </div> <div style="width: 30%;">                     Wrist or hand <input type="checkbox"/> L <input type="checkbox"/> R                      Hip or upper leg <input type="checkbox"/> L <input type="checkbox"/> R                      Knee or lower leg <input type="checkbox"/> L <input type="checkbox"/> R                      Ankle or foot <input type="checkbox"/> L <input type="checkbox"/> R                 </div> </div>		<b>Comments</b>				
<b>Current physical abilities</b>	<b>No limits or N/A</b>	<b>Seldom (0-5%)</b>	<b>Occasional (6-33%)</b>	<b>Frequent (34-60%)</b>	<b>Progress as tolerated</b>	
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pushing/pulling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Squatting/crouching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bending/stooping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Grasping/gripping	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Climbing: stairs ladders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reach above shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reach below shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Crawling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Driving/Operating equipment</b>	Will prescribed or recommended medication affect the workers ability to drive/operate equipment <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:					
<b>Lifting</b>	<b>&lt;10 lbs</b>	<b>10-20 lbs</b>	<b>20-30 lbs</b>	<b>30-50 lbs</b>	<b>50-90 lbs</b>	<b>Carrying</b>
Floor to waist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <10 lbs
Waist to shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 10-20 lbs
Above shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 20-30 lbs
<b>Are modified hours of work required?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Date modified hours/duties can start:</b>		
<b>Duration of Return to Work Plan:</b>				<b>Additional Details:</b>		
Hours / day:						
<b>If suitable work is available which meets the above-defined restriction, is the worker capable of returning to work?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (see below)						
<input type="checkbox"/> day(s) <input type="checkbox"/> week(s) <input type="checkbox"/> Month						
Comments:						
<b>Unfit for any Duty: New Westminster School District will strive to find transitional work to match the employee's functional abilities.</b>						
<input type="checkbox"/> Due to current injury/illness, the Employee is unfit for any Duty at this time. Please indicate the next re-assessment date below.						
Comments:						
Re-assessment Date:			<b>NOTE: Employees not yet medically fit for regular duties will require periodic reassessments for proper case management.</b>			

**Treatment Provider Information (Please ensure this section is signed and stamped)**

Name		Occupation/Title	<input type="checkbox"/> GP <input type="checkbox"/> Physiotherapist <input type="checkbox"/> Other:		
Address		Phone #		Fax #	

**Appt. Date:** \_\_\_\_\_ **Date of Next Appt.:** \_\_\_\_\_ **Treatment Provider Signature** \_\_\_\_\_