

Physician's Recommendation for Work Readiness Form

To be used to determine if work suitable to the employee's physical abilities and/or limitations can be offered as part of a safe and early return to work plan. The employee recognizes that this information may be released to any third party who has interest in assessing their medical fitness to return to work and/or entitlement of benefits.

Employee Name	Occupation	Work Location	Date of Work Related Injury

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After a Physician has completed this form, the injured/disabled worker must submit completed form to Health & Safety Department by confidential fax 250-652-7391

*Employee must have some ability in all of the first five activities to be eligible for a safe and early return to work offer

Physical Activity	ust have some ability in all of the first five activities to be e Restrictions	Provide specific details of restrictions Please print clearly
Carrying/ Lifting/ Pushing/ Pulling	□ No restrictions □ Up to 20 lbs □ Up to 10 lbs □ Up to 5 lbs □ Fully restricted/ ineligible for early RTW offer*	
Walking	□ No restrictions □ Up to 6 hours □ Up to 3 hours □ Up to 1 hour □ Fully restricted/ ineligible for early RTW offer*	
Standing	□ No restrictions □ Up to 6 hours □ Up to 3 hours □ Up to 1 hour □ Fully restricted/ ineligible for early RTW offer*	
Bending/ Stooping	□ No restrictions □ 45-90 degrees □ Less than 45 degrees □ Limit number of bends per hour to □ Fully restricted/ ineligible for early RTW offer*	
Shoulder Movement	 □ No restrictions □ No above shoulder □ No arm extension □ No repetitive movement □ Fully restricted/ ineligible for early RTW offer* 	
Sitting	□ No restrictions □ Up to 6 hours □ Up to 3 hours □ Up to 1 hour □ No sitting	
Climbing (stairs/ ladders)	□ No restrictions □ Limit number of stairs per shift to □ Limit number of times per shift to □ No climbing (stairs or ladders)	
Sweeping/ Mopping	 □ No restrictions □ No side-to-side movement □ No sweeping or mopping 	
Other Activity	□ No restrictions □ No mental activity □ No vehicle or energized equipment operation □ No non-energized equipment or tool operation □ No working at heights □ No dust/ fume/odor exposure □ No heat/cold exposure □ Other (explain)	



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Employee Name	Occupation	Work Location	Date of Work Related Injury	
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Work Readiness Recommendation To be completed by Physician Please print clearly		cian Date	Date	
If suitable employment is available w	rhich meets the physical, mental and			
environmental restrictions specified above, is this worker capable of safely returning to work?		Physician Signature	Physician Signature	
□ No - Next medical assessment date				
☐ Yes - Date that modified duties ca	ın start			
Number of hours per day that can safely be worked: □ 8 □ 6 □ 4		-	Address or Stamp	
Other: • Date that the worker can safely return to full duties/full schedule				
Or next medical assessment date		_		
Is the employee capable of safely evan emergency? ☐ Yes ☐ No	acuating from the worksite in the event	of		
		·		
Work Readiness Agreement To be completed by Occupational Health & Safety Manager, worker's Supervisor and injured				

Work Readiness Agreement To be completed by Occupational Health & Safety Manager, worker's Supervisor and injured worker				
OHS Manager: Ryan Lacasse	Supervisor Name	Employee Name		
Signature	Signature	Signature		
Restrictions can be accommodated ☐ Yes ☐ No Date	Restrictions can be accommodated ☐ Yes ☐ No Date	I clearly understand these restrictions and I will follow them.		
Bites Bite Bate	Tres Two Bale	Date		

Instructions for Worker's Supervisor

- 1. If you can accommodate these restrictions and safely supervise the employee while they are working within the recommended limitations/schedule, sign the Work Readiness Agreement.
- 2. Meet with the employee <u>before they return to work</u> to ensure that the employee has a clear understanding of the restrictions and can follow the limitations/schedule. Have the employee sign the Work Readiness Agreement.
- 3. Provide the employee with a copy of the completed Work Readiness form and send a copy to SD63 Health & Safety Dept. as soon as possible.

Note: If the employee does not report to work as per the recommended work schedule, please advise SD63 Health & Safety Dept. as soon as possible.