



## 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	Restrictions	Provide specific details of restrictions <i>Please print clearly</i>
Carrying/ Lifting/ Pushing/ Pulling	<input type="checkbox"/> No restrictions <input type="checkbox"/> Up to 20 lbs <input type="checkbox"/> Up to 10 lbs <input type="checkbox"/> Up to 5 lbs <input type="checkbox"/> Fully restricted/ ineligible for early RTW offer*	
Walking	<input type="checkbox"/> No restrictions <input type="checkbox"/> Up to 6 hours <input type="checkbox"/> Up to 3 hours <input type="checkbox"/> Up to 1 hour <input type="checkbox"/> Fully restricted/ ineligible for early RTW offer*	
Standing	<input type="checkbox"/> No restrictions <input type="checkbox"/> Up to 6 hours <input type="checkbox"/> Up to 3 hours <input type="checkbox"/> Up to 1 hour <input type="checkbox"/> Fully restricted/ ineligible for early RTW offer*	
Bending/ Stooping	<input type="checkbox"/> No restrictions <input type="checkbox"/> 45-90 degrees <input type="checkbox"/> Less than 45 degrees <input type="checkbox"/> Limit number of bends per hour to _____ <input type="checkbox"/> Fully restricted/ ineligible for early RTW offer*	
Shoulder Movement	<input type="checkbox"/> No restrictions <input type="checkbox"/> No above shoulder <input type="checkbox"/> No arm extension <input type="checkbox"/> No repetitive movement <input type="checkbox"/> Fully restricted/ ineligible for early RTW offer*	
Sitting	<input type="checkbox"/> No restrictions <input type="checkbox"/> Up to 6 hours <input type="checkbox"/> Up to 3 hours <input type="checkbox"/> Up to 1 hour <input type="checkbox"/> No sitting	
Climbing (stairs/ ladders)	<input type="checkbox"/> No restrictions <input type="checkbox"/> Limit number of stairs per shift to _____ <input type="checkbox"/> Limit number of times per shift to _____ <input type="checkbox"/> No climbing (stairs or ladders)	
Sweeping/ Mopping	<input type="checkbox"/> No restrictions <input type="checkbox"/> No side-to-side movement <input type="checkbox"/> No sweeping or mopping	
<b>Other Activity</b>	<input type="checkbox"/> No restrictions <input type="checkbox"/> No mental activity <input type="checkbox"/> No vehicle or energized equipment operation <input type="checkbox"/> No non-energized equipment or tool operation <input type="checkbox"/> No working at heights <input type="checkbox"/> No dust/ fume/odor exposure <input type="checkbox"/> No heat/cold exposure <input type="checkbox"/> Other (explain)	

**Signature required on Page 2 – Send completed form to SD63 Health & Safety at confidential fax 250-652-7391**

