

Physician's Assessment Form

Employee name:		Preferred name: or Nickname:	
Position:	Date of birth (mm/dd/yyyy)		Phone #:
Assessment date (MM/DD/YYYY):			

Dear Attending Physician:

Fort Vermilion School Division No. 52 is committed to assisting employees in their return to work by providing modified or alternate work. After you have completed your assessment, please provide the following information on the employee's functional abilities. This information is required to assist us in developing a return to work plan as part of the health recovery and rehabilitation process.

Is employee capable of returning to work in some capacity at this time? Yes No
 Anticipated date of return to work:

Date of next assessment

Work abilities (definitions on back) Regular Work Modified Work Alternate Work Unfit for Work

If **not** regular work please indicate: Sedentary Light Medium Heavy Very Heavy

Suggested modifications/limitations for return to work:	Recommendations:	Timeframe:
Change in hours <input type="checkbox"/> Yes <input type="checkbox"/> No		
Change in duties <input type="checkbox"/> Yes <input type="checkbox"/> No		
Job restrictions <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		
Safety issues <input type="checkbox"/> Yes <input type="checkbox"/> No		

Are these modifications: Medically based? or Employee Preference?

Are there other factors that prevent this employee from returning to work? (e.g. health & safety concerns, workplace conflict, environmental sensitivities) No Yes If yes, please explain:

Functional Abilities							
Activity	Restricted	Partial Limitation	No Limitation	Activity	Restricted	Partial Limitation	No Limitation
Lifting				Pulling			
Standing				Pushing			
Walking				Carrying			
Kneeling/squatting				Reaching Overhead			

I am aware of this information and authorize the attending physician to release to the Health and Safety Department, Fort Vermilion School Division No. 52, and the above information.

Employee's Signature	Attending Physician's Signature	Date
Physician:	Phone:	
Address:	Fax:	

Please fax to (780) 926-3037 or return in a confidential envelope to:
 Fort Vermilion School Division No. 52
 P.O. Bag No.1, 5213 River Road
 Fort Vermilion, AB T0H 1N0

PHYSICAL DEMAND WORK DEFINITIONS FOR EMPLOYER'S REPORT

Modified

- A change in or adaptation of the work or working conditions based on the worker's abilities
- Usually temporary

Sedentary

- Lifting 10 pounds maximum
- Occasional lifting and/or carrying
- Primarily sitting, with occasional walking/standing

Light

- Lifting 20 pounds maximum
- Frequent lifting and/or carrying up to 10 pounds
- May require walking/standing to a significant degree
- May involve sitting with pushing and pulling of arm and/or leg controls

Alternate

- A different job with duties within the worker's abilities

Medium

- Lifting 50 pounds maximum
- Frequent lifting and/or carrying up to 20 pounds
- May involve sitting with pushing and pulling or arm and/or leg controls

Heavy

- Lifting 100 pounds maximum
- Frequent lifting and/or carrying up to 50 pounds

Very Heavy

- Occasional lifting in excess of 100 pounds
- Frequent lifting and/or carrying excess of 50 pounds

Reference: The Canadian Classification and Dictionary of Occupations