

ABILITIES FORM

WORKER INFORMATION			
Name:		Location:	
Date of Birth:		Accident/Illness Date:	Pre-existing Condition: <input type="checkbox"/> Yes <input type="checkbox"/> No
Nature of Injury/Illness:			Occupational: <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>The worker authorizes the employer to contact the health professional and agrees to the release of this information. The employer will be responsible for payment to the health professional for information on this report.</p> <p style="text-align: right;">_____ Employee Signature – authorizing release of information to ADSB</p>			

DESCRIPTION OF NORMAL JOB DUTIES AND REQUIREMENT	HEALTH PROFESSIONAL COMMENTS:
Job Title:	

HEALTH PROFESSIONAL'S INFORMATION	
Name:	
Phone:	
Signature:	Date:

NOTE: By providing the information requested on this report, you will assist the organization in planning for the worker's early vocational rehabilitation. To ensure that appropriate rehabilitative measures are instituted, modified work and/or assistive devices will be made available to suit the current temporary disability. By indicating the appropriate precautions, with limitations, a return to work plan may be developed depending on accommodations required. The work offered will be productive, will not aggravate the worker's injury and will not pose additional hazards to the worker or co-workers.

SECTION A – Unable to Perform Any Duties
<p>Estimated time before participation in modified work program.</p> <p>_____ Days OR _____ Weeks</p>

SECTION B – Physical Precautions																				
<p>The worker may return to modified work with the following precautions:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> No lifting over _____ kgs</td> <td><input type="checkbox"/> No prolonged sitting</td> </tr> <tr> <td><input type="checkbox"/> No prolonged walking</td> <td><input type="checkbox"/> No prolonged carrying</td> </tr> <tr> <td><input type="checkbox"/> No prolonged standing</td> <td><input type="checkbox"/> No stair climbing</td> </tr> <tr> <td><input type="checkbox"/> No excessive pushing</td> <td><input type="checkbox"/> No ladder climbing</td> </tr> <tr> <td><input type="checkbox"/> No excessive pulling</td> <td><input type="checkbox"/> No repetitive kneeling</td> </tr> <tr> <td><input type="checkbox"/> No physical restraining</td> <td><input type="checkbox"/> No repetitive twisting</td> </tr> <tr> <td><input type="checkbox"/> No reaching above shoulder</td> <td><input type="checkbox"/> No repetitive bending</td> </tr> <tr> <td><input type="checkbox"/> No reaching below shoulder</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> No mopping – dry</td> <td></td> </tr> <tr> <td><input type="checkbox"/> No mopping – wet</td> <td></td> </tr> </table> <p>Duration of precautions: _____ days OR _____ weeks</p>	<input type="checkbox"/> No lifting over _____ kgs	<input type="checkbox"/> No prolonged sitting	<input type="checkbox"/> No prolonged walking	<input type="checkbox"/> No prolonged carrying	<input type="checkbox"/> No prolonged standing	<input type="checkbox"/> No stair climbing	<input type="checkbox"/> No excessive pushing	<input type="checkbox"/> No ladder climbing	<input type="checkbox"/> No excessive pulling	<input type="checkbox"/> No repetitive kneeling	<input type="checkbox"/> No physical restraining	<input type="checkbox"/> No repetitive twisting	<input type="checkbox"/> No reaching above shoulder	<input type="checkbox"/> No repetitive bending	<input type="checkbox"/> No reaching below shoulder	<input type="checkbox"/> Other _____	<input type="checkbox"/> No mopping – dry		<input type="checkbox"/> No mopping – wet	
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SECTION C – Progressive Return
<p>The worker may return to modified work with the following modifications:</p> <p><input type="checkbox"/> Shorter day: _____ hours per day and _____ days per week</p> <p><input type="checkbox"/> Progressive return to work:</p> <p style="padding-left: 20px;">Start at: _____ hours per day and _____ days per week.</p> <p style="padding-left: 20px;">Progressing at: _____ hours per day and _____ days per week.</p> <p style="padding-left: 20px;">Duration: _____ weeks</p>

SECTION D – Start Date
<p>The worker is able to start the above program on:</p> <p>Date: _____</p>

SECTION E – Return to Regular Duties
<p>The worker may return to regular duties on:</p> <p>Date: _____</p>

<p><input type="checkbox"/> SECTION B – Mental/Nervous Impairment (If applicable complete attached page 2)</p>
