Griffith UNIVERSITY

Fitness for Work Checklist

Name: ______________________________________ DOB: ____/____/____

I have examined ________________________________ and consider that s/he has the following

medical condition: ____.

Fitness for work

S/he is/will be:

❒ Fit to carry out normal duties commencing on (date): ____/____/____.

❒ Partially fit and capable of performing selected duties (details below) from (date) ____/____/____ to (date) ____/____/____.

❒ Currently unfit for any work, but may be able to return to work within ______ days/weeks (a further Fitness for Work Checklist will be sent closer to this date).

Recommended work hours

❒ Usual work hours

❒ Reduced work hours ____ hours per day ____ days per week.

Selected duties may include:	Frequent	Occasional	Minimal	None
Sitting (including frequent breaks)				
Standing				
Walking				
Kneeling				
Bending				
Crouching/squatting				
Climbing stairs				
Using step-stool at times				
Computer work (including frequent breaks)				
Driving – automatic vehicle				
Driving – manual vehicle				
Mopping or sweeping				
Tools/equipment using vibration				
Reaching to waist/chest height				
Reaching to head height				
Reaching below waist to ground level				
Lifting/carrying using both hands up to __ kg				
Lifting/carrying using right hand up to __ kg				
Lifting/carrying using left hand up to __ kg				
Pushing/pulling trolleys				

Other recommendations:

Signed (treating doctor/registered therapist): ____________________________ (print name or stamp)

Date: ____/____/____