RENFREW COUNTY CATHOLIC DISTRICT SCHOOL BOARD

FUNCTIONAL ABILITIES FORM FOR TIMELY RETURN TO WORK

Employee's Name: S.I.N.:

Full Home Address: Date of Birth:

City/Town:

Province: Postal Code: Telephone:

Position prior to absence due to illness: First consecutive date of absence due to illness:

THE FOLLOWING INFORMATION SHOULD BE COMPLETED BY THE HEALTH PROFESSIONAL

Date of examination on which the report is based:	Area of injury/illness:
Rehabilitation/treatment required: YES ____ NO _____	Is the employee capable of returning to work immediately without restrictions? YES ___ NO ___ ***If no, please complete the next section***

CABABILITIES					**GENERAL COMMENTS/SPECIFIC LIMITATIONS**
Walking	Short distances only ___		As tolerated __	Other _____	
Standing	Less than 15 min. ____	Less than 30 min. __	As tolerated ___	Other _____	
Sitting	Less than 30 min. ____	Less than 1 hour ___	As tolerated ___	Other _____	
Lifting floor to waist	Less than 10 kg. _____	Less than 25 kg. ____	As tolerated ___	Other _____	
Lifting waist to shoulder	Less than 10 kg. _____	Less than 25 kg _____	As tolerated ___	Other _____	
Stair climbing	None ___	2-3 Steps ____ Short flight ___	Own pace _____	As tolerated _____	
Ladder climbing	None ___	2-3 Steps ____ 4-6 steps only ___	Own pace _____	As tolerated _____	
Limited ability to use hand to:	Hold objects _____	Grip _____	Type _____	Write _____	

LIMITATIONS			
Bending or twisting of:		Repetitive movement of:	
Chemical exposure to:		Environmental exposure to:	
Operating motorized equipment:		Restrictions related to medications: (specify)	
Above shoulder activity:		Below shoulder activity:	
Exposure to vibrations:	High Frequency ___	Low frequency ___	
Limited physical exertion to:	Mild _____	Moderate _____	As tolerated _____

RECOMMENDATION FOR WORK HOURS:		**Estimated Duration of Limitations:**
Full-time hours ____ Modified hours ____ Graduated hours ____ If Modified or Graduated hours, please supply details:	Complete Recovery Expected? YES _____ NO _____	

HEALTH PROFESSIONAL'S NAME	Health Profession	Date of next appointment for review of capabilities: Day Month Year	
Full Address	City/Town	Province	Postal Code

Date	Area Code: Telephone: ( )	Signature

Please return completed Functional Abilities Form for Timely Return to Work to Mrs. Mary Lynn Schauer, Superintendent of Business Services, Renfrew County Catholic District School Board, 499 Pembroke Street West, Pembroke, Ontario, K8A 5P1