



## Return to Work - Non-Physical Ability Assessment

Employee name: \_\_\_\_\_

**(To be completed and signed by the appropriate physician and/or treating health professionals.)**

**A. Fit for Regular Duties**   ☐ Yes *(no further information required)*   ☐ No *(complete Section B)*

## B. Current Abilities


The New Brunswick Community College supports the concept of early assistance and is committed to working with employees who encounter non-physical health problems to facilitate recovery to maximum potential as quickly and safely as possible. Wherever possible, the employer will provide modified or alternate work duties/hours to a recovering employee.

☐ Fit to return to work - graduated hours effective from \_\_\_\_\_ to \_\_\_\_\_  
(d/m/y) (d/m/y)

Hours of work limited to \_\_\_\_\_ hours/day

☐ Fit to return to work but experiencing difficulty/(ies) with:

**Please check appropriate boxes to indicate and describe current abilities. Numbers from 1 to 4 indicate the level of intensity.**

Abilities		1 low	2	3	4	Comments
1. Reading						
2. Writing						
3. Mathematics						
4. Listening						
5. Speaking						
6. Concentration						
7. Memory						
8. Managing Time						
9. Social Interaction						
10. Performance of multiple tasks						

**Comments:** \_\_\_\_\_

Expected date of return: Modified Duties \_\_\_\_\_ Full Duties: \_\_\_\_\_  
(d/m/y) (d/m/y)

I examined this employee on: \_\_\_\_\_ Reassessment Date: \_\_\_\_\_  
(d/m/y) (d/m/y)

Physician's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(d/m/y)

Telephone: \_\_\_\_\_