Return to Work - 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 Physical Abilities

The New Brunswick Community College supports the concept of early assistance and is committed to working with employees who become ill or injured to facilitate recovery and restoration 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 __________________

☐ Hours of work limited to _______ hours/day

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

Please check appropriate boxes to indicate areas of reduced functional capability and describe current capability in the spaces provided.

e.g.  ☑ sit  30 minutes at a time

☐ sit  ____________________________  ☐ climb  ____________________________

☐ stand  __________________________  ☐ reach  __________________________

☐ walk  __________________________  ☐ write/type  rt ______ lit ______

☐ bend/twist  __________________________  ☐ operate machinery/drive  __________________________

☐ push/pull  __________________________  ☐ other  __________________________

☐ lift  __________________________

Comments: __________________________

Expected date of return - Modified Duties: __________________________ Full Duties: __________________________

☐ I examined this employee on: __________________________ Reassessment Date: __________________________

☐ Physician’s signature: __________________________ Date: __________________________

☐ Telephone: __________________________