Stay at 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. Please advise on the following:

☐ Graduated hours effective from ______________________ to ______________________

(d/m/y)  (d/m/y)

☐ Hours of work limited to ________ hours/day

☐ At 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 ________ lt __________________

☐ bend/twist ______________________________________  ☐ operate machinery/drive _______________

☐ push/pull ________________________________  ☐ other ________________________________

☐ lift ___________________________________________

Comments: ____________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Expected date of return to Full Duties: ________________________

(d/m/y)

I examined this employee on: ________________________  Reassessment Date: ________________________

(d/m/y)  (d/m/y)

Physician’s signature: ___________________________________________  Date: ____________________________

(d/m/y)  (d/m/y)

Telephone: ____________________________________________