



Workplace Capabilities Form/ Return to Work Authorization

ATTENTION: ATTENDING MEDICAL PRACTITIONER

The University of Manitoba has modified employment available to aid in the early & successful rehabilitation of ill or injured workers. In order to identify suitable work, we request your assistance by completing this form, which will enable us to provide the employee with duties within his/her capabilities & your guidelines. Your cooperation is appreciated.

Employee Name:

Date of Assessment:

Employee may return to work without restrictions on:

Employee is totally disabled. Estimated duration of absence: Days Weeks

Employee may return to modified work with restrictions as below* effective:

complete section 'A' for physical injury/illness **OR section 'B' for non-physical medical conditions*

(A) Physical Injury/Illness Restrictions

Lifting & Carrying
Avoid lifting above shoulders Avoid lifting over lbs. from floor to waist Avoid lifting over lbs. from waist to shoulders Avoid unilateral carrying over lbs. Avoid bilateral carrying over lbs.
Limbs
Limited reaching, pushing of injured arm Limited grasping, squeezing, carrying of injured hand Use of opposite hand/arm only Minimal manual dexterity of injured digit Limited repetitive movements of hand/arm/wrist
Mobility
Avoid prolonged standing > XXXXXX hours/minutes Avoid prolonged sitting > Á hours/minutes Avoid kneeling, squatting or crawling Avoid excessive walking Avoid repetitive bending or twisting
Other Restrictions
Keep wound clean and dry Must wear splint, brace or sling This person should not be exposed to: Heat Working at heights Cold Mechanical hazards/moving machinery

(B) Non-Physical Capability Assessment

Please check appropriate boxes to indicate current level of ability from 1 (low) to 4 (high).				
Abilities	1	2	3	4
Sustaining concentration				
Screening out environmental stimuli				
Maintaining work stamina/pace				
Handling time pressures & multiple tasks				
Interacting with the public				
Responding to negative or other feedback				
Dealing with confrontation				
Working cooperatively with others				
Managing emotions				
Working without supervision				
General Comments/Other Functional Limitations:				

Other restrictions not listed above (including reduced hours of work, graduated hours etc.):

Duration of above restrictions: Days Weeks. Next Appointment:

Practitioner name (print):	Signature:
Specialty:	Date: