UNIVERSITY OF MANITOBA

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: _____, 2015

☐ 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 > _____ hours/minutes
- ☐ Avoid prolonged sitting > _____ 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 and describe current abilities. Numbers from 1 to 4 indicate the level of intensity

Abilities	1 low	2	3	4 high
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.)*:**

_____

_____

Estimated duration of above restrictions: _____ Days _____ Weeks.

Date of Next Appointment: _____ _____

Attending Medical Practitioner Signature

****

I authorize my medical practitioner to release the above information about my medical condition to my employer.

_____ _____

Employee Signature Date