THE HALTON DISTRICT SCHOOL BOARD INFORMATION REGARDING PHYSICAL CAPABILITIES OR LIMITATIONS

Worker's Consent:

I authorize the Health Professional involved with my treatment to provide to me, my employer this form when completed, containing information about any medical limitations/restrictions affecting my ability to return to work or perform my assigned duties. Initial Form Follow-up Form Date Signature **Employee Information:** Patient's Last Name First Name Date of Birth day month year Full Address (No., Street, Apt.) Postal Code Area Cd. (Telephone No. **Employer Information:** The Halton District School Board Full Address J. W. Singleton Education Centre 2050 Guelph Line P.O. Box 5005 Province Postal Code Area Code **Date of Injury** (Work Related: Yes □ No □): City **Burlington** Ontario L7R 3Z2 (905)Day Month Telephone No. Year 335-3663 Accident or Disability Information Reported by Employee (completed by the employer) Type of Job at Time of Injury or Presently Performing: Nature and Area of Injury or Disability reported: Job Description Attached The following information should be completed by the Health Professional Date of examination on which report Area of Injury or Disability based. 2 Rehabilitation/Treatment Other Comments Required? \square yes \square no Please complete where capabilities are known or limitations recommended. Note: as tolerated General Comments/ implies that restrictions are recommended but must be quantified in the workplace. Specific Limitations <u>Capabilities</u> Walking: short distance only \square ; as tolerated \square ; other (eg. uneven ground) \square Standing: less than 15 min \square ; less than 30 min \square ; as tolerated \square ; other \square Sitting: less than 30 min \square ; less than 1 hour \square ; as tolerated \square ; other \square Lifting floor to waist: less than 10 kg. \square ; less than 25 kg. \square ; as tolerated \square ; other \square Lifting waist to shoulder: less than 10 kg. \square ; less than 25 kg. \square ; as tolerated \square other \square Stair climbing: none \square ; 2-3 steps only \square ; short flight \square ; own pace \square ; as tolerated \square Ladder climbing: none \square ; 2-3 steps only \square ; 4-6 steps only \square own pace \square ; as tolerated \square 3 Limited ability to use hand to: hold objects \square ; grip \square ; type \square ; write \square Limitations ☐ Bending or twisting of Repetitive movement of ☐ Chemical exposure to ☐ Environmental exposure to ☐ Operating motorized equipment Limit physical exertion to mild \square ; moderate \square ; as tolerated \square ☐ Above shoulder activity ☐ Below shoulder activity 4. Recommendation for Work Hours 5. Complete Recovery Expected? (approximate time?) Modified Hours Graduated Hours Full-time hours Health Professional's Name: Health Profession: Full Address: Postal Code: City: Date: Phone: Signature: Return completed form and invoice to the attention: C/O The Halton District School Board, 2050 Guelph Line, Helen Lamping, Disability Management Coordinator Burlington, Ontario L7R 3Z2