

MEDICAL WORK CAPACITY REPORT

This form is designed to capture your assessment of current work capacity, focusing on functional impacts you can determine objectively. It will be used by the patient and the employer to determine safe and appropriate work.

1. Assessment Context

First Name: _____ Last Name: _____ Employer Name: _____

Date of Assessment: DD/MM/YYYY Is this patient new to you? No Yes (first or second visit)

What information about the patient's job was available for this assessment? (Check all that apply)

Written information (employer request form/job description) Patient verbal report None available

2. Work Capacity Summary

Based on your clinical assessment, the patient is currently (choose one):

GREEN: Fit for work with no limitations or restrictions (skip section 3) **YELLOW**: May be fit for work, if employer is able to accommodate (complete all sections) **RED**: Not fit for work of any kind, due to conditions described below (complete all sections)

3. Functional Impacts

Describe any functional impacts that may affect the patient's ability to work. Provide sufficient detail so the employer can understand what types of activities are affected and how. Do not include a medical diagnosis.

Restrictions (unsafe to do)
Limitations (unable to do)
Other Functional Impacts (e.g. tolerances)

These functional impacts start DD/MM/YYYY and are expected to be (select one):

Permanent or Temporary – earliest date functioning should be reassessed is DD/MM/YYYY

Planning Considerations (Optional)

The employer and employee will determine appropriate accommodations based on your assessment above. However, you can use this section to offer suggestions to support safe work for this patient:

If available, and with the employer's agreement, the patient may benefit from:

A phased return to work Amended duties Altered hours Adaptations to work environment
 Other (please specify): _____

4. Practitioner Information & Certification

Practitioner Name: _____

Designation: _____

Clinic: _____

Fax Number: _____

I certify that the information provided is accurate based on my clinical assessment on the date noted below.

Practitioner Signature: _____

Date: DD/MM/YYYY

REVERSE SIDE OF MEDICAL WORK CAPACITY FORM

Information for Health Care Professional

Considerations for Assessing Work Capacity

In assessing the patient's work capacity, you may consider factors such as:

- **Physical Factors-** Pain, fatigue, range of motion, balance, gross and fine motor coordination, vision, hearing, speech, bowel and bladder function
- **Sensory Factors-** Gustatory, auditory, tactile, visual, olfactory, proprioception, vestibular sensory inputs
- **Thinking and Mental Factors (Cognition) -** Attention and concentration, memory, judgement and decision making, organization and planning, task initiation, learning, safety, following rules, risk management.
- **Emotional/Mental Health Factors -** Racing thoughts, intense fear and anxiety, shakiness/trembling, nightmares and flashbacks, intense and prolonged sadness, low confidence, worthlessness, intense feelings of shame/guilt, intense anger or irritability, isolation.
- **Relationship and Social Factors -** Able to follow social norms, start and maintain relationships, lost interest in formerly enjoyed activities or relationships, understanding non-verbal cues

Restrictions vs. Limitations

Restrictions (unsafe to do): Activities the patient may be capable of doing but must avoid because it would pose a risk to self, others or the environment. Example:

- *No driving or operation of heavy machinery due to safety concerns related to alertness.*
- *No working at heights due to balance impairment*

Limitations (unable to do): Activities the patient is unable to perform due to an impairment. Example:

- *Unable to lift more than 10 lbs*
- *Standing limited to 30 minutes*

Other: There may be other factors that could influence the patient's ability to work, but can not be objectively assessed or verified, such as tolerances. These are generally self-reported by the patient, and difficult for health care professionals to objectively assess or verify. Example:

- *Patient reports a variety of symptoms after exposure to fragrant products. Not medically verifiable – based on patient self-report.*