



THE UNIVERSITY OF WINNIPEG

Workplace Capabilities Form/Return to Work Authorization

The University of Winnipeg supports early and safe return to work. We can provide meaningful, modified duties to support the recovery process. This form will be used to guide the return to work process and the development of an accommodation plan. **Please indicate any restrictions below. Any unmarked categories will be assumed to involve no significant impairment of function.**

Employee Name:	Employee DOB:
Date of Assessment:	

Due to injury, illness, or disability, this employee is:

- Fit for regular hours and duties, without restrictions, immediately or as of _____ (date).
 Fit for modified duties immediately (complete next sections): Full hours Graduated hours
 Not fit to work, even with accommodations. Estimated duration of absence: _____ (days/weeks).

Physical Injury/Illness/Disability Restrictions/Limitations

Full physical abilities

<p>A. Strength</p> <input type="checkbox"/> Able to lift floor to waist <input type="checkbox"/> Able to lift from waist to shoulders <input type="checkbox"/> Able to lift above shoulders <input type="checkbox"/> Able to carry	<input type="checkbox"/> 0 kg <input type="checkbox"/> ≤ 5 kg <input type="checkbox"/> 5-10 kg <input type="checkbox"/> 10-25 kg <input type="checkbox"/> Other (specify) <input type="checkbox"/> 0 kg <input type="checkbox"/> ≤ 5 kg <input type="checkbox"/> 5-10 kg <input type="checkbox"/> 10-25 kg <input type="checkbox"/> Other (specify) <input type="checkbox"/> 0 kg <input type="checkbox"/> ≤ 5 kg <input type="checkbox"/> 5-10 kg <input type="checkbox"/> 10-25 kg <input type="checkbox"/> Other (specify) <input type="checkbox"/> 0 kg <input type="checkbox"/> ≤ 5 kg <input type="checkbox"/> 5-10 kg <input type="checkbox"/> 10-25 kg <input type="checkbox"/> Other (specify)
Comments	

<p>B. Upper Limb</p> <input type="checkbox"/> Avoid overhead work <input type="checkbox"/> Difficulty with gripping/pinching <input type="checkbox"/> Use of opposite hand/arm only <input type="checkbox"/> Limited repetitive movements of hand/arm/wrist	Comments
<p>C. Mobility</p> <input type="checkbox"/> Avoid kneeling, squatting or crawling <input type="checkbox"/> Avoid repetitive bending or twisting <input type="checkbox"/> Standing tolerance: _____ hours/minutes <input type="checkbox"/> Sitting tolerance: _____ hours/minutes <input type="checkbox"/> Walking tolerance: _____ <input type="checkbox"/> Avoid stairs <input type="checkbox"/> Avoid ladders <input type="checkbox"/> Avoid pushing/pulling <input type="checkbox"/> Requires assistive device (e.g. cane, walker, crutches, wheelchair): _____	
<p>D. Sitting Activities</p> <input type="checkbox"/> Desk work – reading, writing <input type="checkbox"/> Computer work <input type="checkbox"/> Telephone use (with headset?) <input type="checkbox"/> Meetings	

<p>E. Other Restrictions</p> <p><input type="checkbox"/> Keep wound clean and dry</p> <p><input type="checkbox"/> Must wear splint, brace or sling</p> <p><input type="checkbox"/> This person should not be exposed to:</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Heat <input type="checkbox"/> Working at heights <input type="checkbox"/> Cold <input type="checkbox"/> Mechanical hazards/moving machinery </p>	
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Cognitive and Affective Assessment

Full cognitive/affective abilities

Activity	Full abilities (y/n)	If limited, specify abilities
Concentration		
Screen out environmental stimuli		
Maintain work stamina/pace		
Handle tight deadlines		
Multi-task		
Interact with the public		
Respond to feedback		
Deal with confrontation		
Work with others		
Work without supervision		
Manage emotions		
Follow written/verbal instructions		
Exercise sound judgment		
Exercise full memory capabilities		
Supervise others		
Attend to detail		
Communication		
Adapt to change		

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

Duration of above restrictions: ___ Days ___ Weeks Permanent

Next Appointment: _____

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

* Please return this form to Linda Harrison, the Employee Health and Wellness Specialist, at li.harrison@uwinnipeg.ca or call 204-789-4230 to arrange to fax to 204.774.2935.*

Costs associated with the completion of this form are the responsibility of the patient.