



Functional Abilities Form for Timely Return to Work

Employee Name: _____ E.I.N.#: _____ Phone #: _____ WSIB Claim #: _____

Job Title _____ Hours: FT PT Hours _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize healthcare provider(s), institutions insurer, or the WSIB involved in my treatment or claim to discuss and provide all information and documents requested by Ottawa-Carleton District School Board and their authorized representatives, concerning my current medical or psychological health condition. I authorize their representatives, to discuss and release information and discuss with the WSIB, Insurance company, administrators of government benefits third party administrations, or healthcare practitioners and my employer. I agree that a facsimile copy or a photocopy is to be considered as valid as an original signed copy.

Employee's Signature _____

Date: _____
Month / Day / Year

Occupational _____ Occupational Recurrence _____ NON Occupational _____

Return to regular duties? Yes No If no please complete the following section:

PLEASE COMPLETE WHERE LIMITATIONS ARE RECOMMENDED:

A. SITTING/STANDING/WALKING	Occasional (0-33%)	Frequent (34-66%)	No Limitations	Comments
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Crawling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

B. LIFTING FLOOR TO WAIST	Occasional (0-33%)	Frequent (34-66%)	No Limitations	Comments
Sedentary (up to 4.5kgs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Light (4.6 - 9.0 kgs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medium (9.1 - 22kgs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

LIFTING WAIST TO SHOULDER	Occasional (0-33%)	Frequent (34-66%)	No Limitations	Comments
Sedentary (up to 4.5kgs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Light (4.6 - 9.0 kgs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medium (9.1 - 22kgs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

LIFTING ABOVE SHOULDER	Occasional (0-33%)	Frequent (34-66%)	No Limitations	Comments
Sedentary (up to 4.5kgs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Light (4.6 - 9.0 kgs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medium (9.1 - 22kgs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

C. UPPER BODY	Left Right Both			Left Right Both			Left Right Both		
Pushing / Pulling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gripping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching Forward (over 45 cm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching Overhead (over 178 cm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deviated Wrists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. LOWER BODY REQUIREMENTS	Occasional (0 - 33%)	Frequent (34 - 66%)	No Limitations
Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bending / Twisting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stair / Ladder Climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operating Motorized Equipment	<input type="checkbox"/> No Limitations <input type="checkbox"/> Limitations reported to Ministry of Transportation		

Remarks:	
Date RTW Modified Work: _____	Estimated Duration of Limitations: _____
Date RTW Regular Job: _____	

By completing this Functional Abilities Form, the information contained herein will become part of the employee EW&DM file and may be accessed by the patient (injured worker), Workplace Safety & Insurance Board, Insurance company, third party representative, or other healthcare professionals, as applicable. Ottawa-Carleton District School Board has modified work available. Please have the employee return this form to Ottawa-Carleton District School Board, immediately.

Health Professional Name: _____ Health Profession: _____ Date Of Next Appt.: _____
(please print) DD /MM /YY

Full Address: _____ City/ Town: _____ Prov.: _____

Signature: _____ Date: _____ Telephone: _____