



# Return to Work Policy

*Township of the North Shore*

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## 1. Purpose

The Township of the North Shore (the “Township”) has adopted this Policy to establish a system for managing workplace injuries and illnesses and ensure that injured employees are given every opportunity to heal and return to work with the Township in their original or a comparable position as soon as possible.

## 2. Definitions

For purposes of this Policy:

- **“Accommodation”** means adaptation of job duties, and may include adjustment or change to machinery or equipment, job content, work organization, or hours of work to facilitate the employment or re-employment of employees with temporary or permanent limitations to their abilities;
- **“Alternative work”** means work that is different from the employee’s pre- injury job duties;
- **“Board”** means the Workplace Safety and Insurance Board;
- **“Duty to accommodate”** means the legal responsibility of the Township under the Ontario Human Rights Code to take all reasonable steps to place a employee with a physical or mental disability in a position that accommodates the employee’s medical restrictions—whether attributable to occupational or non-occupational injuries or illness—to the point of undue hardship;
- **“Modified work”** includes, but is not limited to, changes to the work environment, work hours, tools and equipment used, and job design/work organization;
- **“Return to Work (RTW) plan”** means a planned process to manage the impact of an individual injured employee’s injury, including the documentation of the specific alternate or modified work identified and provided to the employee;
- **“Suitable modified work”** means modified work that:
  - Accommodates a employee’s medical restrictions;
  - Does not endanger or slow the employee’s recovery;
  - Does not endanger the health and safety of others;
  - Promotes the restoration of the employee to his/her pre-incident level of employment;
  - Is safe and productive and not just token employment;
  - Does not create undue hardship for the employee of the Township; and
  - Is agreed to by the employee or should reasonably be agreed to by the employee.
- **“Undue hardship”** means, as used to describe a requested or proposed accommodation, an accommodation that goes beyond reasonable and imposes an excessive burden on the Township, to be determined on a case-by-case basis by considering factors that include but are not limited to:
  - Health and safety concerns created by making the accommodation;
  - The business efficacy of making the accommodation;

- Interchangeability of employees and facilities;
- Impact on employees and service users;
- Impact on other protected rights;
- Benefit of the accommodation; and
- Costs of the accommodation;
- **“Vocational rehabilitation”** means rehabilitation that is intended to return injured employees to suitable employment, and includes counselling, assessment, career planning, educational upgrading, education, training, on-the-job training, help with job searches and job placement.

### 3. Policy Statement

The Township’s first and paramount goal is to *prevent* workplace injuries. But in the event employees do suffer injuries, the Township is committed to working together with injured employees to minimize the harmful effects of their injuries, accelerate the healing process, and promote their vocational rehabilitation and return to work as quickly and safely as possible so that they can once more make a meaningful contribution to the Township’s operations.

In pursuit of this commitment, the Township will make reasonable efforts to provide suitable modified or alternate employment to employees who are temporarily or permanently unable to return to or continue to perform their regular duties as a result of injury or illness in accordance with the return-to-work process (“RTW process”) set out in this Policy and the following principles:

- The RTW process should be initiated without delay;
- The RTW process must be carried out in conjunction with the employee’s medical treatment and capabilities;
- Employees must not only cooperate with but play an active role in their own return to work; and
- The RTW process and principles set out in this Policy must be applied differently to each employee depending on that employee’s capabilities and unique circumstances.

### 4. Roles & Responsibilities

#### 4.1. The Township

The Township, its officers and senior management are responsible for implementing this Policy including ensuring that:

- The resources, leadership, and corporate support necessary to implement this Policy effectively are provided;
- Injured employees are offered the opportunity to participate in the RTW process;
- All reasonable efforts are made to provide injured employees suitable alternate or modified work appropriate for their capabilities and medical restrictions under an individualized RTW plan;

- Reasonable accommodations are made to work tasks, hours, and conditions for injured employees up to the point of undue hardship;
- The RTW process is carried out in a spirit of cooperation and collaboration;
- Employees are educated and made aware of the RTW process and the opportunities it presents;
- The Board is consulted and notified of RTW cases involving individual employees;
- Progress of employees in modified work programs is monitored.
- This Policy is implemented in a way that is consistent with and respectful of employees' rights under collective agreements that apply;

#### 4.2. Employees

##### Injured employees:

- Will be treated with respect and dignity during all phases of the RTW process;
- Will be offered and may decline the opportunity to participate in the RTW process;
- Will be kept informed on all matters relevant to their return to work;
- Have the right to expect that the personal health information they provide to the Township in connection with the RTW process will be kept confidential in accordance with the *Personal Health Information Protection Act* ("PHIPA") and any other applicable legislation;
- May refuse modified work if they believe it is not suitable.

Injured employees must cooperate with all aspects of this Policy and the RTW process, including but not limited to, by:

- Reporting their injuries to the Township and the Board as soon as possible;
- Developing an awareness and understanding of this Policy, the RTW process, and their responsibilities in formulating and implementing an RTW plan;
- Where such accommodations are necessary, cooperating in the identification of reasonable accommodations necessary to provide suitable alternate or modified work;
- Communicating with all parties involved in the RTW process, including:
  - The designated RTW coordinator or other person(s) designated by the Township to manage their case;
  - Any case manager or advocate assigned to their case by the Board;
  - Other supervisors and managers involved in their return to work;
  - Union representatives;
  - Their health care provider(s);
  - The insurance company;
- Notifying the above of their medical restrictions, medications, and other relevant medical information affecting the kind of accommodations they need or alternate or modified work they can do;
- Actually completing the alternate or modified work they accept under an RTW plan;
- Making and keeping appointments for medical care;
- Complying with all recommendations of their health care providers;

- Immediately apprising the Township, the designated RTW coordinator, etc. about their medical progress and changes in their medical condition;
- Advising any health care provider they see for treatment of their injury about this Policy;
- Authorizing their health care provider to disclose to the Township information about their medical condition and physical capabilities that is necessary to create an RTW plan under this Policy;
- Providing and ensuring that their health care provider completes and returns to the designated RTW coordinator the Township's functional abilities form (see **Schedule "A"**);
- Following the terms of their rehabilitation or treatment programs;
- Apprising the RTW case manager of their progress on a daily basis after returning to work under an RTW plan;
- Notifying the RTW case manager if they experience any difficulty performing job tasks once they return and working with them to modify the RTW plan as necessary;
- Following all safe work procedures to avoid re-injury.

#### 4.3. Supervisors

Individuals who are supervisors of an injured employee and who are most directly familiar with the injured employee, the nature of the job he/she does, and the potential modifications and accommodations that can be made to enable the employee to return will serve as a key contact with and participant in the RTW process. To carry out this responsibility, they will treat the injured employee with dignity and respect, and may be asked by the designated RTW coordinator or other Township representative(s) as applicable to:

- Contact the injured employee within 48 hours of the report of an injury or illness
- Help the designated RTW coordinator identify suitable alternate and modified work for the injured employee;
- Communicate with the employee about the alternate or modified work to be performed by reviewing the expectations, policies and procedures of this Policy and modified work proposed with the injured employee;
- Talk to the injured employee about modified work within the first week following the injury;
- Maintain communication with the injured employee and all other parties involved in the RTW process;
- Discuss the employee's potential duties with the injured employee:
- Advise all necessary parties regarding the details of the RTW plan;
- Ensure that an injured employee returning to work adheres to his/her medical work restrictions;
- Monitor and report the injured employee's progress in carrying out the RTW plan and intervene as required;
- Maintain continuing communication with the injured employee throughout the RTW process;

- Demonstrate continued understanding of and support for this Policy;
- Meet with other staff to explain the RTW plan and the level of assistance that may be required by co-employees;
- Maintain the confidentiality of any medical information they receive about the injured employee;
- Provide information about the job and its physical demands to the injured employee, the RTW case manager, and health care providers involved in the RTW process;
- Cooperate with and assist the RTW case manager.

#### **4.4 Designated RTW Coordinator**

The Township may designate an individual to serve as RTW coordinator with primary responsibility for serving as the first line of contact between the injured employee and the Township and working with the injured employee in carrying out the RTW process set out in Section 6 of this Policy by, among other things:

- Developing, facilitating, and monitoring individual RTW plans;
- Helping to determine the reasonable accommodations, if any, required to enable the injured employee to return to work;
- If the injured employee is absent for an extended period, maintaining regular contact with the injured employee to:
  - Offer assistance;
  - Determine an approximate time for return to work;
  - Keep track of the injured employee's employment status and general course of medical treatment;
- Helping injured employees apply for benefits and health care rehabilitation assistance;
- Monitoring and reporting progress on the RTW plan;
- Serving as a liaison with the injured employee's union representative;
- Maintaining all of the documentation required by this Policy;
- Coordinating the internal RTW process with vocational rehabilitation efforts undertaken by the Board in relation to the injured employee; and
- Helping establish and maintain an effective collaboration between the injured employee and his/her immediate supervisor.

In workplaces with limited resources or personnel or where designation of an RTW case manager is not practicable, the Township may assign some or all of the above functions to the injured employee's immediate supervisor.

#### **4.5 Workplace Safety Committee/Safety Representative**

The workplace safety Committee or safety representative (as applicable) will:

- Assist in job placement for injured employees with temporary or permanent disabilities;
- Assist the Township in its duty to make accommodations for the injured employee.

#### 4.6. Union Representatives

Representatives of any labour union representing an injured employee will or may be called upon to:

- Provide information regarding the collective agreement and support throughout the RTW process as necessary to effect a successful return to work;
- Assist in job placement for injured employees with temporary or permanent disabilities, including identification of suitable alternate or modified work for a particular injured employee;
- Assist the injured employee with conflict resolution and effective communication with the Township;
- Assist with insurance claim appeals;
- Actively promote awareness of this Policy and the advantages employees gain by participating in the RTW process.

## 5. Re-employment of Injured Employees

The Township will re-employ injured employees when required to do so by Ontario's employees' compensation laws and Board policies.

The Township will make reasonable accommodations to allow injured employees to return to their pre-injury job or suitable modified or alternative work to the point of undue hardship, as set out in this Policy.

## 6. RTW Procedures and Process

### 6.1. Occupational injuries less than 5 days

- Employees will report all occupational injuries and illnesses immediately to the Township. First aid will be provided in all cases and a record of the incident will be documented. All accidents or near misses will be investigated. In those cases where medical treatment is obtained, the following procedures will apply:
- The Township will complete a report of the injury/illness and submit to the Board within 3 days and provide a copy of the Form 7 to the injured/ill employee within 7 days.
- The employee will complete a report of the injury/illness and submit to the Board.
- The employee will take a functional abilities form to their health provider and return it within 48 hours to the supervisor and/or designated RTW coordinator.
- The RTW Coordinator and the supervisor will coordinate an offer of accommodated work for the period of disability.

## **6.2. Occupational injuries over 5 days**

- The Township will complete a report of the injury/illness and submit to the Board within 3 days and provide a copy of the Form 7 to the injured/ill employee within 7 days.
- The employee will complete a report of the injury/illness and submit to the Board.
- The designated RTW coordinator will establish a contact schedule with the injured employee through the recovery period and arrange regular meetings with all involved parties such as the employee, union, supervisors, health care provider(s) and the insurance provider to determine the injured/ill employee's level of functional abilities and ability to participate in accommodated work
- The designated RTW coordinator will assist with the coordination and access to required services such as functional assessments, treatments, job demands analysis and other such programs that can improve RTW outcomes for the injured/ill employee.

## **6.3 Establishing Early Contact**

If an employee is off due to an injury or illness, contact will be initiated by the supervisor and or the RTW coordinator within 24 to 48 hours. Contact can be a telephone call or a face to face meeting.

## **6.4 Frequency of Contact**

The frequency of contact required by the employee and return to work coordinator will be determined by the health recovery status. At minimum, a follow up case conference between the employee and return to work coordinator by telephone at least biweekly.

## **6.5 Health Recovery**

The return to work coordinator will assist and support the injured employee during their recovery. The process will involve consultation with the treating health provider and the employee. The return to work coordinator will obtain functional abilities to be utilized when developing the return to work plan.

## **6.6 Eligibility and referral to the RTW Program**

Employees are referred to the RTW program when they are unable to do their regular job due to a medically determined physical or mental impairment caused by an illness or injury for which they are actively seeking active treatment and that is substantiated with medical evidence. All occupational injuries/illnesses will be managed by the designated RTW coordinator.

## **6.7 The process for RTW accommodation**

Upon receipt and review of the functional abilities information, the RTW coordinator and the supervisor will review job accommodation options with input from the injured/ill employee. Accommodations may require an adjustment of the work process, work schedule or a formal modification to the work station up and including the provision of assistive devices. The employee will provide a progress log and communicate any concerns or issues to the RTW

coordinator so that changes or adjustments can be made to support a successful completion of the return to work plan.

### **6.7 Return to Work Plan Adjustments**

The RTW coordinator and employee will work together to update and adjust the return to work plan if required. Any adjustments such as a change in duties, hours or wages, will be communicated by the return to work coordinator to key stakeholders.

### **6.8 Return to Work Goal Setting**

The primary goal of a return to work plan is a return to the pre-injury job as soon as possible. By comparing the physical demands of the job and the functional abilities, the RTW coordinator and the employee can determine if the job needs modifying and if accommodations would be required.

If the employee is not able to return to their pre-injury position, the RTW coordinator will attempt to accommodate the employee as soon as possible. The accommodation should be suitable and restore the employee's earnings. The employer will make every effort to provide meaningful modified work. The RTW coordinator will use the following hierarchy as a guideline to return to work plan development:

1. pre-injury job with no restrictions and no accommodation
2. pre-injury job with restrictions and accommodation
3. suitable, available job with no training and no accommodation
4. suitable, available job with training and accommodation
5. RTW, comparable new employer
6. RTW, Alternate new employer

### **6.9 Independent medical assessments**

Where there are discrepancies or differences in opinions around the employee's prognosis or functional abilities, the Township may request that an independent medical assessment be completed to assist in resolving the issue.

### **6.10 Dispute resolution process**

In situations where there is an issue in dispute related to either the RTW process or the suitability of the RTW plan, the RTW coordinator will refer the matter to Clerk-Treasurer to facilitate a resolution. If the matter cannot be resolved, a referral to the Board may be made where the dispute involves cooperation in return to work or suitability of the job accommodation

## **7. Protection of Personal Health Information**

During the RTW process, it will be necessary for the Township to collect, disclose, and use personal health information about injured employees to formulate and execute the RTW plan. Such personal health information will be collected with the employee's consent, disclosed on a need-to-know basis with such disclosure limited to the amount reasonably necessary to

accomplish the purpose, and kept confidential in accordance with the requirements of PHIPA and other applicable privacy laws and requirements.

## **8. Continuous Improvement**

### **8.1 Monitoring and evaluating the RTW program**

An evaluation of our return to work program will be completed at the end of each year. The RTW coordinator will complete the evaluation and present it to the Clerk-Treasurer. The purpose of the evaluation is to see if the program is meeting objectives.

### **8.2. Monitoring and evaluating individual RTW case plans**

Every employee and supervisor who has been through the return to work process will independently complete an evaluation at the end of the return to work. The RTW coordinator will ensure that a RTW Closure/Evaluation report is completed for all program participants.

The Township is committed to using the results of the evaluation to improve its program.

## SCHEDULE "A" - FUNCTIONAL ABILITIES FORM

### EMPLOYEE INFORMATION:

|  |                           |  |
|--|---------------------------|--|
| Name:  | Department:               | Dates of Treatment:  |
| Date of Birth:   | Date of Accident/Illness: | Pre-Existing Condition?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| What is the Employee's Prognosis?  |                           | Is this an Occupational Illness?<br>Yes <input type="checkbox"/> No <input type="checkbox"/><br><br>If yes, have you submitted a form 8 to WSIB?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <p>I hereby authorize my attending physician to release the medical information required on this form which is related to my short term disability income benefit claim and/or my return to work to suitable employment at _____. This authorization is based on my employer's agreement that the information provided will be kept confidential. Unless it is necessary to an assessment of my return to work to suitable employment or in support of my short term disability income benefit claim, the diagnosis of my medical condition is not to be provided to the [Employer].</p> |                           |  |
| <p>_____<br/>Employee Signature<br/>Authorizing release of information to [Employer]</p>   |                           | <p>_____<br/>Date</p>  |

### DESCRIPTION OF NORMAL

#### JOB DUTIES AND REQUIREMENT

#### HEALTH PROFESSIONAL'S INFORMATION

|  |           |       |
|--|-----------|-------|
| <input type="checkbox"/> Physical Demands Attached   | Name:     |       |
| Job Title:   | Phone:    |       |
|  | Signature | Date: |
| <p>Note: By providing the information requested on this report, you will assist _____ in planning the employees early vocational rehabilitation. To ensure that appropriate rehabilitative measures are instituted, modified work and/or assistive devices will be made available to suit the current temporary disability. By indicating the appropriate precautions with limitations, a return to work plan may be developed depending on accommodation required. The work offered will be productive and will not aggravate the employee's injury and will not pose additional hazards to the employee or co-employees. (Please base your responses on objective medical findings.)</p> |           |       |

**SECTION A – ILLNESS EXPECTED TO BE SHORT TERM**

|   |   |  |  |   |   |   |   |   |   |  |   |  |   |   |   |  |  |   |                                       |  |  |
|---|---|--|--|---|---|---|---|---|---|--|---|--|---|---|---|--|--|---|---------------------------------------|--|--|
| <p>Is this employee able to resume his/her duties at this time?<br/> <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>If no, anticipated date of return of work:</p> <p>If yes, Progressive return to work<br/> The employee may return to modified work with the following modifications:</p> <p>Shorter Day ___ hours per day and ___ days per week</p> <p>Start at ___ hours per day and ___ days per week</p> <p>Progressing at ___ hours per day and ___ days per week</p> <p>Duration ___ weeks</p> <p>Start date in the above program _____</p> <p><input type="checkbox"/> Return to Regular Duties</p> <p>The Employee is medically fit to return to full duties on:<br/> Date: _____</p>  | <p>Physical Restrictions – please provide details of restriction (such as percent, degree, repetition) if any</p> <p><i>Musculoskeletal</i></p> <p>Neck _____</p> <p>Shoulder _____</p> <p>Elbow _____</p> <p>Wrist/Hand _____</p> <p>Finger _____</p> <p>Back _____</p> <p>Hip _____</p> <p>Knee _____</p> <p>Ankle/Foot _____</p> <p><i>Functional</i></p> <p>Twist/Turn at Waist _____</p> <p>Bend at Waist _____</p> <p>Walk _____</p> <p>Sit _____</p> <p>Squat below sitting _____</p> <p>Stand _____</p> <p>Balance _____</p> <p>Push/Pull _____</p> <p>Reach _____</p> <p>Grip _____</p> <p>Keyboard/Write _____</p> <p>Lift _____</p> <p>Floor to Waist _____</p> <p>Waist to Shoulders _____</p> <p>Above Shoulders _____</p> |  |  |   |   |   |   |   |   |  |   |  |   |   |   |  |  |   |                                       |  |  |
| <p><b>Physical Precautions</b></p> <table border="0"> <tr> <td><input type="checkbox"/> No Lifting over ___ kgs</td> <td><input type="checkbox"/> No physical restraining</td> <td><input type="checkbox"/> No mopping – wet</td> <td><input type="checkbox"/> No ladder climbing</td> </tr> <tr> <td><input type="checkbox"/> No prolonged walking</td> <td><input type="checkbox"/> No reaching above shoulder</td> <td><input type="checkbox"/> No prolonged sitting</td> <td><input type="checkbox"/> No repetitive kneeling</td> </tr> <tr> <td><input type="checkbox"/> No prolonged standing</td> <td><input type="checkbox"/> No reaching below shoulder</td> <td><input type="checkbox"/> No prolonged carrying</td> <td><input type="checkbox"/> No repetitive twisting</td> </tr> <tr> <td><input type="checkbox"/> No excessive pushing</td> <td><input type="checkbox"/> No mopping – dry</td> <td><input type="checkbox"/> No stair climbing</td> <td><input type="checkbox"/> No repetitive bending</td> </tr> <tr> <td><input type="checkbox"/> No excessive pulling</td> <td colspan="3"><input type="checkbox"/> Other: _____</td> </tr> </table> |   | <input type="checkbox"/> No Lifting over ___ kgs | <input type="checkbox"/> No physical restraining | <input type="checkbox"/> No mopping – wet | <input type="checkbox"/> No ladder climbing | <input type="checkbox"/> No prolonged walking | <input type="checkbox"/> No reaching above shoulder | <input type="checkbox"/> No prolonged sitting | <input type="checkbox"/> No repetitive kneeling | <input type="checkbox"/> No prolonged standing | <input type="checkbox"/> No reaching below shoulder | <input type="checkbox"/> No prolonged carrying | <input type="checkbox"/> No repetitive twisting | <input type="checkbox"/> No excessive pushing | <input type="checkbox"/> No mopping – dry | <input type="checkbox"/> No stair climbing | <input type="checkbox"/> No repetitive bending | <input type="checkbox"/> No excessive pulling | <input type="checkbox"/> Other: _____ |  |  |
| <input type="checkbox"/> No Lifting over ___ kgs  | <input type="checkbox"/> No physical restraining  | <input type="checkbox"/> No mopping – wet        | <input type="checkbox"/> No ladder climbing      |   |   |   |   |   |   |  |   |  |   |   |   |  |  |   |                                       |  |  |
| <input type="checkbox"/> No prolonged walking   | <input type="checkbox"/> No reaching above shoulder   | <input type="checkbox"/> No prolonged sitting    | <input type="checkbox"/> No repetitive kneeling  |   |   |   |   |   |   |  |   |  |   |   |   |  |  |   |                                       |  |  |
| <input type="checkbox"/> No prolonged standing  | <input type="checkbox"/> No reaching below shoulder   | <input type="checkbox"/> No prolonged carrying   | <input type="checkbox"/> No repetitive twisting  |   |   |   |   |   |   |  |   |  |   |   |   |  |  |   |                                       |  |  |
| <input type="checkbox"/> No excessive pushing   | <input type="checkbox"/> No mopping – dry   | <input type="checkbox"/> No stair climbing       | <input type="checkbox"/> No repetitive bending   |   |   |   |   |   |   |  |   |  |   |   |   |  |  |   |                                       |  |  |
| <input type="checkbox"/> No excessive pulling   | <input type="checkbox"/> Other: _____   |  |  |   |   |   |   |   |   |  |   |  |   |   |   |  |  |   |                                       |  |  |

**SECTION B – PERMANENT DISABILITY EXPECTED**

Illness anticipated to result in permanent disability

**SECTION C – PSYCHOLOGICAL/MENTAL HEALTH** (Please complete if applicable)

- Employee is able to function under stress and engage in interpersonal relations (no limitations)
- Employee is able to function in most stress situations and engage in most interpersonal relations (slight limitations as listed below)
- Employee is able to engage in only limited stress situations and engage in only limited interpersonal relations (moderate limitations as listed below)
- Employee is unable to engage in stress situations or engage interpersonal relations (marked limitations as listed below)
- Employee has significant loss of psychological, physiological, personal and social adjustment (severe limitations as listed below)

Please list any applicable work-related stressors:

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**SECTION D – COGNITIVE PRECAUTIONS – Please provide details of restriction (such as percent, degree, repetition) if any**

|                                    |  |
|------------------------------------|--|
| Self-Supervision                   | <input type="checkbox"/> Limited capacity <input type="checkbox"/> Unable to perform <input type="checkbox"/> No restriction<br><input type="checkbox"/> Other: _____<br>Detail of restriction (if any): _____ |
| Supervision Exercised              | <input type="checkbox"/> Limited capacity <input type="checkbox"/> Unable to perform <input type="checkbox"/> No restriction<br><input type="checkbox"/> Other: _____<br>Detail of restriction (if any): _____ |
| Deadline Pressures                 | <input type="checkbox"/> Limited capacity <input type="checkbox"/> Unable to perform <input type="checkbox"/> No restriction<br><input type="checkbox"/> Other: _____<br>Detail of restriction (if any): _____ |
| Attention to Detail                | <input type="checkbox"/> Limited capacity <input type="checkbox"/> Unable to perform <input type="checkbox"/> No restriction<br><input type="checkbox"/> Other: _____<br>Detail of restriction (if any): _____ |
| Exposure to Environmental Stimuli  | <input type="checkbox"/> Limited capacity <input type="checkbox"/> Unable to perform <input type="checkbox"/> No restriction<br><input type="checkbox"/> Other: _____<br>Detail of restriction (if any): _____ |
| Working in Cooperation with Others | <input type="checkbox"/> Limited capacity <input type="checkbox"/> Unable to perform <input type="checkbox"/> No restriction<br><input type="checkbox"/> Other: _____<br>Detail of restriction (if any): _____ |
| Exposure to Confrontations         | <input type="checkbox"/> Limited capacity <input type="checkbox"/> Unable to perform <input type="checkbox"/> No restriction<br><input type="checkbox"/> Other: _____<br>Detail of restriction (if any): _____ |

|                               |  |
|-------------------------------|--|
| Responsibility/Accountability | <input type="checkbox"/> Limited capacity <input type="checkbox"/> Unable to perform <input type="checkbox"/> No restriction<br><input type="checkbox"/> Other: _____<br>Detail of restriction (if any): _____ |
| Orientation                   | <input type="checkbox"/> Limited capacity <input type="checkbox"/> Unable to perform <input type="checkbox"/> No restriction<br><input type="checkbox"/> Other: _____<br>Detail of restriction (if any): _____ |
| Attention                     | <input type="checkbox"/> Limited capacity <input type="checkbox"/> Unable to perform <input type="checkbox"/> No restriction<br><input type="checkbox"/> Other: _____<br>Detail of restriction (if any): _____ |
| Goal Setting                  | <input type="checkbox"/> Limited capacity <input type="checkbox"/> Unable to perform <input type="checkbox"/> No restriction<br><input type="checkbox"/> Other: _____<br>Detail of restriction (if any): _____ |
| Planning                      | <input type="checkbox"/> Limited capacity <input type="checkbox"/> Unable to perform <input type="checkbox"/> No restriction<br><input type="checkbox"/> Other: _____<br>Detail of restriction (if any): _____ |
| Organization                  | <input type="checkbox"/> Limited capacity <input type="checkbox"/> Unable to perform <input type="checkbox"/> No restriction<br><input type="checkbox"/> Other: _____<br>Detail of restriction (if any): _____ |
| Reasoning                     | <input type="checkbox"/> Limited capacity <input type="checkbox"/> Unable to perform <input type="checkbox"/> No restriction<br><input type="checkbox"/> Other: _____<br>Detail of restriction (if any): _____ |
| Problem Solving               | <input type="checkbox"/> Limited capacity <input type="checkbox"/> Unable to perform <input type="checkbox"/> No restriction<br><input type="checkbox"/> Other: _____<br>Detail of restriction (if any): _____ |
| Insight/Self Awareness        | <input type="checkbox"/> Limited capacity <input type="checkbox"/> Unable to perform <input type="checkbox"/> No restriction<br><input type="checkbox"/> Other: _____<br>Detail of restriction (if any): _____ |
| Generalizing                  | <input type="checkbox"/> Limited capacity <input type="checkbox"/> Unable to perform <input type="checkbox"/> No restriction<br><input type="checkbox"/> Other: _____<br>Detail of restriction (if any): _____ |
| Language                      | <input type="checkbox"/> Limited capacity <input type="checkbox"/> Unable to perform <input type="checkbox"/> No restriction<br><input type="checkbox"/> Other: _____<br>Detail of restriction (if any): _____ |
| Calculation                   | <input type="checkbox"/> Limited capacity <input type="checkbox"/> Unable to perform <input type="checkbox"/> No restriction<br><input type="checkbox"/> Other: _____<br>Detail of restriction (if any): _____ |
| Time Management               | <input type="checkbox"/> Limited capacity <input type="checkbox"/> Unable to perform <input type="checkbox"/> No restriction   |

|                                |  |
|--------------------------------|--|
|                                | <input type="checkbox"/> Other: _____<br>Detail of restriction (if any): _____   |
| Sight                          | <input type="checkbox"/> Limited capacity <input type="checkbox"/> Unable to perform <input type="checkbox"/> No restriction<br><input type="checkbox"/> Other: _____<br>Detail of restriction (if any): _____ |
| Speech                         | <input type="checkbox"/> Limited capacity <input type="checkbox"/> Unable to perform <input type="checkbox"/> No restriction<br><input type="checkbox"/> Other: _____<br>Detail of restriction (if any): _____ |
| Hearing                        | <input type="checkbox"/> Limited capacity <input type="checkbox"/> Unable to perform <input type="checkbox"/> No restriction<br><input type="checkbox"/> Other: _____<br>Detail of restriction (if any): _____ |
| Memory                         | <input type="checkbox"/> Limited capacity <input type="checkbox"/> Unable to perform <input type="checkbox"/> No restriction<br><input type="checkbox"/> Other: _____<br>Detail of restriction (if any): _____ |
| Judgement                      | <input type="checkbox"/> Limited capacity <input type="checkbox"/> Unable to perform <input type="checkbox"/> No restriction<br><input type="checkbox"/> Other: _____<br>Detail of restriction (if any): _____ |
| Public Contact                 | <input type="checkbox"/> Limited capacity <input type="checkbox"/> Unable to perform <input type="checkbox"/> No restriction<br><input type="checkbox"/> Other: _____<br>Detail of restriction (if any): _____ |
| Multiple Tasks                 | <input type="checkbox"/> Limited capacity <input type="checkbox"/> Unable to perform <input type="checkbox"/> No restriction<br><input type="checkbox"/> Other: _____<br>Detail of restriction (if any): _____ |
| Ability to Provide Supervision | <input type="checkbox"/> Limited capacity <input type="checkbox"/> Unable to perform <input type="checkbox"/> No restriction<br><input type="checkbox"/> Other: _____<br>Detail of restriction (if any): _____ |
| Ability to Receive Supervision | <input type="checkbox"/> Limited capacity <input type="checkbox"/> Unable to perform <input type="checkbox"/> No restriction<br><input type="checkbox"/> Other: _____<br>Detail of restriction (if any): _____ |

### SECTION E – ENVIRONMENTAL

Environmental Conditions that should be avoided:

- Temperature                       Humidity                       Precipitation                       Outside                       Noise  
 Dust                                       Chemicals                       Vibrations                       Other (specify)

Please Explain: \_\_\_\_\_

\_\_\_\_\_

Avoid Exposure to: \_\_\_\_\_

**SECTION F – MEDICAL AIDS**

Are medical aids or personal protective equipment required as a result of the condition?  Yes  No

Please Explain: \_\_\_\_\_

Are medical aids or personal protective equipment to be avoided as a result of the condition?  Yes  No

Please Explain: \_\_\_\_\_

This employee will need to attend appointments at the following intervals: \_\_\_\_\_

Estimated duration of limitations:

- \_\_\_\_ days       2-4 weeks       4-6 weeks       6-8 weeks       8-10 weeks       >10 weeks
- Permanent

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**SECTION G – OTHER**

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION H – ATTENDING PHYSICIANS INFORMATION**

Attending Practitioner's name (please print): \_\_\_\_\_

Specialty: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_