

Truck Driver : Return to Work Checklist and Plan

Please complete with your patient

Worker name: _____ Claim number: _____ Injury: _____

Worker will be able to participate in the duties as below from: / / to / /

Full time Part time _____ hours per day _____ days/week

N.B. Based on your information, a suitable duties plan will be established at the worker's place of employment. In the absence of task availability at their usual workplace the worker will continue to be paid weekly compensation and WorkCover will source suitable alternative workplace rehabilitation with a host employer.

Please consider the "health benefits of good work" and focus on what your patient can do.

Tick if suitable	Job Tasks	Limitations/Comments
	Sedentary - office based <ul style="list-style-type: none"> • filing, photocopying, scanning, labelling • customer service • assisting with phones, taking orders etc • preparing and checking rosters 	Office duties - Can rotate between sitting and standing as comfortable. No lifting above 1 kg. Flexibility to rotate between tasks. No bending or squatting. No pushing or pulling.
	Training / education <ul style="list-style-type: none"> • supervisory role, monitoring • mentoring passenger with new drivers, showing routes • review training documents • - complete re-induction / retraining modules 	No lifting above 1 kg. No bending or squatting. No pushing or pulling. Can rotate between sitting and standing except for mentoring role (seated).
	Warehouse <ul style="list-style-type: none"> • stocktaking • checking consignment notes • auditing • scanning stock • front gate duties, directing incoming trucks / deliveries • picking / sorting / packing orders and stock 	Weight limit 2 Kg. Minimal bending and squatting. Can rotate between tasks and sitting and standing. Weight limit can vary for picking and preparing orders - please stipulate weight limit for this task.
	General maintenance <ul style="list-style-type: none"> • general light cleaning or maintenance around the office • maintenance and repair equipment, tools etc • painting fences, walls etc • garden and plant maintenance • truck washing - exterior • truck cleaning - interior 	Light duties around office/depot - weight limit 5 kgs. Some bending, squatting and twisting. Can rotate between tasks.
	Driving / machinery operation <ul style="list-style-type: none"> • light deliveries or pick-ups using a ute or small truck • deliveries or pick-ups in trucks (within agreed distances) • forklift operation (if licence held) 	5 Kg weight limits. Operation of ute/small truck and forklift. Driving short distances as agreed. Seated although can stop as required to rest / stretch.

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If none of the above tasks or alternate duties are appropriate at this time, please advise a review date or timeframe to some form of return to work _____ / _____ / _____

Please tick here if you have been unable to identify any tasks and you would prefer an allied health provider to help implement a return to work plan.

Other comments:

SIGNATURES

Treating Medical Practitioner: _____ / _____ / _____

Worker: _____ / _____ / _____

Employer: _____ / _____ / _____

Submission and payment for this form (WorkCover Queensland claims only)

If this form is requested as part of a workers' compensation claim, please forward this completed form via our online services, or alternatively by faxing to 1300 651 387. You can charge for a "completed form" under the relevant table of costs, found on our website worksafe.qld.gov.au. This form will become part of a claim file and may therefore be read by claims staff, WorkCover Queensland's network of advisory doctors, specialists at the Medical Assessment Tribunal or during legal proceedings.

In addition, the form that you provide may be released to another person (usually the worker or employer) under the Right to Information Act (2009), the workers' compensation legislation or as authorised or required by law.