

Operational Services (hospital) : 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
	Patient handling: <ul style="list-style-type: none"> constant standing and walking frequent bilateral gripping bilateral pushing/ pulling of loaded wheelchairs, beds, hoists and trolleys assist with 2 person transfers of patients (slide sheets, hoists) participate in Code Black as required; assist with restraining people. 	
	Floor cleaning (vacuum, dry mop, wet mop) requires: <ul style="list-style-type: none"> standing and walking firm gripping pull-along vacuum cleaner fill mop bucket - to control weight can fill bucket half way push wheeled bucket frequent pushing mops and vacuum cleaner occasional squatting to clean underneath furniture 	
	Clean bathrooms this requires: <ul style="list-style-type: none"> standing and walking unilateral reaching to wipe all surfaces occasional bending/ squatting to clean low areas. 	
	Empty bins requires: <ul style="list-style-type: none"> short distance walking lifting/ carrying less than 5 kilograms occasional bending/ squatting to access low bins. 	
	Linen trolley this requires: <ul style="list-style-type: none"> frequent lifting up to 5 kilograms of bags of soiled linen occasional heavy pushing of loaded linen trolley good manual handling technique. 	

Worker name: _____ Claim number: _____ Injury: _____

Tick if suitable	Job Tasks	Limitations/Comments
	Discharge clean <ul style="list-style-type: none"> Frequent reaching forward and above head height to clean all walls and furniture can be used with assistance. 	
	Storeroom work <ul style="list-style-type: none"> lifting/ carrying up to 5 kilograms shelving is from floor level to above head height frequently used items are most likely at accessible level shelves large awkward lift for toilet roll cartons. 	
	Change oxygen tanks <ul style="list-style-type: none"> bilateral gripping and lifting hold gas cylinder in left hand while loosening or tightening cap with the right hand. 	
Tick if suitable	Alternate duties	Limitations/Comments

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.