

Performers : 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
	<p>Dancing/Choreographed movements: A performer may be required to dance/perform choreographed movements several times within a shift. These movements can be physical in nature and movements may often be difficult due to costuming as well. Whilst performing these movements the performer will be required to complete a range of functional demands including but not limited to; frequent bending, kneeling, twisting, squatting, pushing or pulling their own or another person's body weight, lifting another person, frequent extension movements and running. Due to this the performers need to not only present a good level of fitness but muscle stability and control also.</p> <p>5-20 mins at a time, multiple times through a shift</p>	
	<p>Chaperone: Walking with characters, interacting with guests to entertain them and to keep them orderly around the characters. Involves kneeling to talk to some younger guests, sometimes the driving of vehicles is required, sometimes lifting may be required (not essential) to lift bollards.</p> <p>5-20 mins at a time, multiple times through a shift</p>	
	<p>Singing: Involves walking in costume and singing to entertain guests, will also involve interaction with guests. Whilst singing the singer will be required to perform choreographed movements also.</p> <p>5-20 mins at a time, multiple times through a shift</p>	
	<p>Acting/walkabout: During acting/walkabout the performer will be required to entertain/interact with guests, perform some light choreographed movements and move about the park. They will be required to be in costume and functionally may be required to bend, twist, squat, kneel, run, perform extension movements, drive or occasionally lift an object.</p> <p>5-20 mins at a time, multiple times through a shift</p>	

	<p>Fighting: Fighting scenes are not unlike choreographed movements and also require a good variation of physically demanding movements. Requires Frequent bending, kneeling, twisting, squatting, pushing or pulling their own or another person's body weight, lifting another person, frequent extension movements and running.</p>	
	5-20 mins at a time, multiple times through a shift	

Tick if suitable	Alternate duties	Limitations/Comments
	<ul style="list-style-type: none"> • Assist with admin work as required in Guest Services • Lower limb/upper limb/back injury: <ul style="list-style-type: none"> ○ Minimal walking ○ Walking on even ground only ○ Sit/stand duties only 	
	<ul style="list-style-type: none"> • Assist with wardrobe ie. Cleaning and folding • Lower limb/upper limb/back injury: <ul style="list-style-type: none"> ○ Alternate sitting/standing when required 	
	<ul style="list-style-type: none"> • Meet and greet guests <ul style="list-style-type: none"> ○ Assist in controlling and directing guests 	

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.