# Teacher: Work Capabilities Form

Patient name:

Patient injury:

Patient will be able to participate in light duties as below from:   /  /   to  /  /

Full time [ ]  Part time [ ]  hours per day       days/week

School/location duties are performed at:

|  |  |
| --- | --- |
| **Teaching Activities** | **Limitations/Comments** |
| [ ]  Projecting voice (e.g. across classroom/playground) |       |
| [ ]  Manage a full class of students (30) for: [ ]  half day [ ]  full day |       |
| [ ]  Manage a small group of students for: [ ]  half day [ ]  full day |       |
| [ ]  Providing support to another teacher, including working collaboratively in delivering lessons |       |
| [ ]  Planning lessons |       |
| [ ]  Monitoring and managing the behaviour of students |       |
| [ ]  Communicating and interacting with students appropriately |       |
| [ ]  Meet the required duty of care to provide a safe environment for students and ensure positive learning outcomes |       |
| [ ]  Working as part of a team, including communicating with other staff members |       |
| [ ]  Communicating with parents |       |
| [ ]  Writing on the blackboard/whiteboard |       |
| [ ]  Assessing students’ work |       |
| **Non Teaching Activities** | **Limitations/Comments** |
| [ ]  Standing for longer than two hours |       |
| [ ]  Walking up stairs |       |
| [ ]  Bending |       |
| [ ]  Repetitive bending |       |
| [ ]  Turning, twisting or extending |       |
| [ ]  Lifting hand or hands above head |       |
| [ ]  Sitting position only |       |
| [ ]  Sitting on low level chairs |       |
| [ ]  Lifting weights more than       kg |       |
| [ ]  Keyboarding and computer work |       |
| [ ]  Concentration on tasks for longer than       min/hrs |       |
| [ ]  Interacting with other staff |       |
| [ ]  Extracurricular activities |       |

Comments:

**SIGNATURES**

Treating Medical Practitioner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Rehabilitation & Return to Work Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_