# Administration Staff: 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:

|  |  |
| --- | --- |
| Administration Activities | Limitations/Comments |
| [ ]  Standing for more than two hours |       |
| [ ]  Walking up stairs |       |
| [ ]  Bending |       |
| [ ]  Repetitive bending |       |
| [ ]  Turning/twisting or extending |       |
| [ ]  Sitting position/static for 20 mins  |       |
| [ ]  Lifting hand or hands above head |       |
| [ ]  Lifting weights more than \_\_\_\_ kg |       |
| [ ]  Keyboarding/computer work |       |
| [ ]  Concentration on tasks for longer than \_\_\_\_ min/hrs |       |
| [ ]  Interacting/communicating with staff & others |       |
| [ ]  Supervising other staff |       |
| [ ]  Working alone |       |
| [ ]  Planning |       |
| [ ]  Assessing |       |
| [ ]  Participating in extra projects |       |
| [ ]  Managing multiple tasks |       |
| [ ]  Answering phones |       |

Comments:

**SIGNATURES**

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

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

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