# 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_