# Janitor/Groundsperson: 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:

|  |  |
| --- | --- |
| **Activities** | **Limitations/Comments** |
| [ ]  Standing for more than two hours |       |
| [ ]  Walking on uneven ground |       |
| [ ]  Walking up stairs/walking up stairs & carrying a load |       |
| [ ]  Bending |       |
| [ ]  Repetitive bending |       |
| [ ]  Turning, twisting, extending or reaching |       |
| [ ]  Sitting position only (static sitting for 20 minutes) |       |
| [ ]  Lifting hands or hands above head |       |
| [ ]  Lifting/carrying/moving weights more than       kg |       |
| [ ]  Keyboarding and computer work |       |
| [ ]  Concentration on tasks for longer than      mins/hrs |       |
| [ ]  Interacting with other staff |       |
| [ ]  Supervising other staff |       |
| [ ]  Working alone |       |
| [ ]  Whipper snipping |       |
| [ ]  Lawn mowing |       |
| [ ]  Driving ride on mower |       |
| [ ]  Crouching/kneeling/squatting |       |
| [ ]  Driving |       |
| [ ]  Driving tractors |       |

Comments:

**SIGNATURES**

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

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

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