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