apprenticepower

Your Future Our Business

Work Capabilities Checklist

I have examined …………………………………….. and consider that he/she has the following condition:

....

1. He / She is fit to resume normal duties: YES ❑ NO ❑

2. He / She will be unfit for .... days, up to and including ....

3. He / She is partially fit and capable of performing selected duties with the following limitations:

   (Please tick appropriate box)

   - ❑ **Reduced work hours**: ....
   - ❑ No or minimal **Manual Handling**
   - ❑ Limit **Lifting /Carrying** to max. .... kg (eg. very light 2-5 kg, light 5-10 kg, medium 10-15kg)
   - ❑ Work not involving **Bending / Crouching / Kneeling**
   - ❑ Work not involving any other **Repetitive Task** *(identify)*

     ....

   - ❑ No or minimal **Reaching** at / above shoulder heights
   - ❑ No or minimal **Keying / Typing** or **Fine Manipulation**
   - ❑ No sustained **Standing**
   - ❑ **Sitting** position only / Light bench work only
   - ❑ Avoid **vibration** of injured area
   - ❑ No work on ladders or on unguarded **heights**
   - ❑ Other: (please comment) ....

     ....

     ....

He / She will be reassessed on ……./……./…….

He / She has been referred to:

a. Physiotherapist .... ….. (Name & Phone)
b. Occupational Therapist .... ….. (Name & Phone)
c. Specialist .... ….. (Name & Phone)
d. Other .... ….. (Name & Phone)

Signed: .... Date: ....

Doctor's Stamp:

This form can be faxed to 02 9831 3849 or for enquiries please phone 02 9622 5419