Workplace Rehabilitation - Work Capabilities Checklist

Note: ***This checklist is to be completed only if the worker is unable to return to full pre-injury employment, but is able to return to work on a Suitable Duties Program***.

I have examined: _____ on (date): ____ / ____ / 20___

I confirm that this worker is able to return to work on a Suitable Duties program ☐ (Please tick to confirm)

This worker will be able to return to work on ☐ **full/normal hours** OR ☐ **reduced work hours**

***If reduced work hours**, please advise* _____ *hours/week* _____ *days/week*

Please tick any of the following to assist with the formulation of the Employee's return to work plan

	Activity				Occ	Con	Freq
☐	Lifting ≥	☐ Very light 2–5kg	☐ Light 5–10kg	☐ Medium 10-15kg			
☐	Visual tasks only e.g. inspections, audits, stocktake						
☐	Tasks that do not involve manual handling						
☐	No prolonged		standing ☐	walking ☐			
☐	Work		above shoulder height ☐	below knee height ☐			
☐	Work not involving		pushing ☐	pulling ☐			
☐	Work not involving repetitive		bending ☐	trunk twisting ☐			
☐	Gripping or		grabbing ☐	walking ☐			
☐	Light bench work only						
☐	Alternating sitting and standing position						
☐	Work on ladders or climbing						
☐	Driving	or	☐ Operating machinery				
☐	Limited or no use of right / left	☐ hand	☐ arm	☐ shoulder ☐ leg			
☐	Other (please specify)						

The worker will be reassessed on / / and has been referred to:

A	☐	Physiotherapist	D	☐	Psychologist
B	☐	Occupational Therapist	E	☐	Other (specify) :
C	☐	Chiropractor			

Definitions:

Occ (Occasional) - one performance every 30 minutes
Con (Constant) - one performance every 15 minutes
Freq (Frequent) - one performance every 2 minutes

Signature: _____ **Practice / Hospital Stamp:** _____