

FACULTY / ADMINISTRATION COMMON DISABILITY PLAN

PHYSICIAN'S ASSESSMENT OF WORK ABILITIES

Note to Physician: Vancouver Island University provides accommodation to ill or injured employees.

1. **Do not provide diagnosis.**
2. This form may be shared with your patient's supervisor or other non-medical staff at Vancouver Island University.
3. The information on this form will be used to help the employee return to work.

THE PATIENT IS RESPONSIBLE FOR ANY CHARGE INVOLVED FOR THE COMPLETION OF THIS FORM.

Employee Name: _____ Date: _____

WORK ABILITIES

Demand	Fully Able	Restricted	Demand	Fully Able	Restricted
Twist/turn	<input type="checkbox"/>	<input type="checkbox"/>	Shoulder	<input type="checkbox"/>	<input type="checkbox"/>
Bend	<input type="checkbox"/>	<input type="checkbox"/>	Wrist	<input type="checkbox"/>	<input type="checkbox"/>
Climb	<input type="checkbox"/>	<input type="checkbox"/>	Grip	<input type="checkbox"/>	<input type="checkbox"/>
Walk	<input type="checkbox"/>	<input type="checkbox"/>	Judgment	<input type="checkbox"/>	<input type="checkbox"/>
Sit	<input type="checkbox"/>	<input type="checkbox"/>	Memory	<input type="checkbox"/>	<input type="checkbox"/>
Squat	<input type="checkbox"/>	<input type="checkbox"/>	Public/Student Contact	<input type="checkbox"/>	<input type="checkbox"/>
Stand	<input type="checkbox"/>	<input type="checkbox"/>	Multiple Tasks	<input type="checkbox"/>	<input type="checkbox"/>
Balance	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull	<input type="checkbox"/>	<input type="checkbox"/>	Ability to Provide Supervision	<input type="checkbox"/>	<input type="checkbox"/>
Lift	<input type="checkbox"/>	<input type="checkbox"/>	Ability to Receive Supervision	<input type="checkbox"/>	<input type="checkbox"/>
Floor to Waist	<input type="checkbox"/>	<input type="checkbox"/>	Ability to Deliver Instruction	<input type="checkbox"/>	<input type="checkbox"/>
Waist to Shoulder	<input type="checkbox"/>	<input type="checkbox"/>	Ability to Interact with Others	<input type="checkbox"/>	<input type="checkbox"/>
Above Shoulder	<input type="checkbox"/>	<input type="checkbox"/>	Sight	<input type="checkbox"/>	<input type="checkbox"/>
Neck	<input type="checkbox"/>	<input type="checkbox"/>	Hearing	<input type="checkbox"/>	<input type="checkbox"/>
Work Hours	<input type="checkbox"/>	<input type="checkbox"/>	Speech	<input type="checkbox"/>	<input type="checkbox"/>
Work Shifts	<input type="checkbox"/>	<input type="checkbox"/>	Operating Machinery/ Vehicles	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Working at Heights	<input type="checkbox"/>	<input type="checkbox"/>

This employee is participating in a treatment plan. *Yes* _____ *No* _____ Reason _____

This employee will need to attend appointments at the following intervals: _____

Is the employee able to work in any capacity? Please describe _____

Are there restrictions on the type of work that the employee can perform? If Yes, please describe the restrictions: _____

Estimated duration or restriction/incapacity: _____

- | | | | |
|---------------------------------------|--------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> _____ days | <input type="checkbox"/> 2 – 4 weeks | <input type="checkbox"/> 4 – 6 weeks | <input type="checkbox"/> 6 – 8 weeks |
| <input type="checkbox"/> 8 – 10 weeks | <input type="checkbox"/> > 10 weeks | <input type="checkbox"/> long-term _____ weeks | <input type="checkbox"/> permanent |

Estimated return to work date: _____

Will the employee's medical condition be likely to cause any absenteeism in the future? _____

Physician's Signature: _____ Date: _____

Physicians Name (please print): _____

Physician: Please complete this form for the employee named above and return it immediately to:

Vancouver Island University

Human Resources Department

900 5th Street, Nanaimo, BC V9R 5S5

or FAX to the VIU Human Resources confidential fax 250 740-6605