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FUNCTIONAL ABILITIES FORM

To the Employee: The purpose of this form is to provide the Kawartha Pine Ridge (KPR) District School Board with information to assess whether you are able to perform the essential duties of your position, and understand your restrictions and/or limitations to assess workplace accommodation options.

Employee Name	
Employee ID:	
Home Location:	
Supervisor Name:	

Dear Health Care Practitioner: The KPR District School Board is requesting that our employee receive from you, an assessment that will assist with appropriate workplace accommodation/s, or confirm eligibility for sick leave benefits. We encourage affected employees to consult with their Health Care Professional(s) and offer opportunities for early and safe return to work. In the event that you are unable to provide the required information, we will rely on information provided by Reed Group's MDGuidelines (www.mdguidelines.com), to assist in the return to work process.

Consent to be completed by employee:

I consent to allow the Disabilities Management Specialist be provided information on this form as it relates to my fitness for work and any modifications related to my current abilities to my supervisor, HR and/or Union Representative (if applicable). ____

Section 1: The following information should be completed by the Health Care Professional to identify the overall abilities and restrictions.

Confirmation of Date Injury/Illness commenced: __dd/mm/yyyy	**Prognosis**	☐ Excellent ☐ Good	☐ Fair ☐ Poor	☐ Guarded ☐ Unstable

Date of Assessment: dd mm yyyy	**Please check one:** ☐ Patient is capable of returning to work with no restrictions	☐ **Patient is capable of returning to work with restrictions**	☐ **Patient is unable return to work at this time** Complete Section 2 & 3

Section 2: Health Care Professional to complete. Please outline your patient's Abilities and / or Restrictions based on your objective medical evidence.

PHYSICAL (if applicable)

Health Professional's Responsibilities
- Diagnostic or confidential information **NOT REQUIRED**
- The employer and worker will use this information to plan the worker's early and safe return to work; therefore it is crucial that all sections be completed in full

Walking:	**Standing:**	**Sitting:**	**Lifting from floor to waist:**
☐ Full abilities ☐ Up to 100 metres ☐ 100 - 200 metres ☐ Other (please specify):	☐ Full abilities ☐ Up to 15 minutes ☐ 15 - 30 minutes ☐ Other (please specify):	☐ Full abilities ☐ Up to 30 minutes ☐ 30 minutes - 1 hour ☐ Other (please specify):	☐ Full abilities ☐ Up to 5 kilograms ☐ 5 - 10 kilograms ☐ Other (please specify):
Lifting from Waist to Shoulder: ☐ Full abilities ☐ Up to 5 kilograms ☐ 5 - 10 kilograms ☐ Other (please specify):	**Stair/Ladder Climbing:** ☐ Full abilities ☐ Up to 5 steps ☐ 5 - 10 steps ☐ Other (please specify):	☐ **Limited use of hands** **Left** **Right** ☐ Gripping ☐ ☐ Pinching ☐ ☐ Other (please specify): ☐	**Pushing / Pulling:** ☐ Full abilities ☐ Up to 5 kilograms ☐ 5 - 10 kilograms ☐ Other (please specify):
☐ Bending/twisting repetitive movement of (please specify):	☐ Work at or above shoulder activity:	☐ Chemical/ environmental exposure to: ☐ Possible side effects of medication	Ability to travel/operate motorized vehicle: ☐Yes ☐ No

COGNITIVE (if applicable)

Supervision required:	**Supervision of others:**	**Tolerance to deadlines:**	**Attention and concentration:**
☐ Full abilities ☐ Needs limited supervision ☐ Needs frequent supervision ☐ Needs constant supervision	☐ Full abilities ☐ Can give direction up to 5 staff or up to 20 students ☐ Can give direction up to 1-2 staff or 10 students ☐ Not able to supervise	☐ Full abilities ☐ Can deal with strict deadlines ☐ Can deal with recurring deadlines ☐ Can occasionally deal with deadlines ☐ Cannot deal with deadline pressures	☐ Full abilities ☐ Can concentrate intensely on detailed work ☐ Can concentrate on details, needs occasional breaks with non-detailed work ☐ Concentration on detail is limited ☐ Concentration on detail is severely limited
Performance on multiple tasks: ☐ Full abilities ☐ Can handle multiple tasks-requires some time management assistance ☐ Can handle more than 1 task but requires cues as to when to do a task ☐ Can deal with one task at a time	**Tolerance to external stimulus:** ☐ Full abilities ☐ Can cope with distracting stimulus for portion of day ☐ Can cope with small degree of distraction ☐ Needs quiet, non-distracting work environment	**Ability to cope with confrontational situations:** ☐ Full abilities ☐ Moderate ability to cope with confrontational situations ☐ Can cope with exposure to confrontational situations with backup available ☐ Unable to cope with confrontational situations	**Responsibility and accountability :** ☐ Full abilities ☐ Can accept a high level of responsibility including sensitive situations ☐ Can accept responsibility including the responsibility for the safety of others ☐ Can exercise a moderate level of responsibility with occasional need for support ☐ Errors in judgement or attention likely to occur

Please identify the assessment tool(s) used to determine the above abilities (Examples: Lifting tests, grip strength tests, Beck Depression, Anxiety Inventories, Self Reporting, etc.)

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Employee Name

Additional comments on Abilities and / or Restrictions for all medical conditions:	
Section 3: Health Care Professional to compete.	
From the date of this assessment, the above will apply for approximately: ☐ 1-10 days ☐ 11- 15 days ☐ 16- 25 days ☐ 26 + days	Have you discussed return to work with your patient? ☐ Yes ☐ No
Recommendations for work hours and start date: ☐ Regular full time hours ☐ Modified hours ☐ Graduated hours	Start Date: dd mm yyyy
Is patient on an active treatment plan?: ☐ Yes ☐ No If yes, please specify (optional): ☐ Medication ☐ Physiotherapy ☐ Counselling ☐ Other:_______________ Has a referral to another Health Care Professional been made?: ☐ Yes (optional - please specify): _______________ ☐ No If a referral has been made, will you continue to be the patient's primary Health Care Provider? ☐ Yes ☐ No	
Recommended date of next appointment to review Abilities and/or Restrictions: dd mm yyyy	

The Kawartha Pine Ridge District School Board offers immediate, confidential help for any concern through our Employee Assistance Program (Shepel-fgi; Tel: 1-800-387-4765) which can help employees with issues including, but not limited to:

Stress
Marital / family / separation / divorce / custody issues Alcohol and drug abuse
Personal adjustment problems

Psychological disorders
Anger management
Retirement planning
Aging parents / eldercare concerns
Sexual harassment

Gambling addiction Conflict resolution
Bereavement
Weight, smoking and general health issues

PDA/CDA Available on request

Completing Health Care Professional's Name /Designation (Please Print/Stamp):			
		Phone #:	
Signature:		Fax #:	
Date:			

PLEASE RETURN THE COMPLETED FORM TO OUR CONFIDENTIAL FAX NUMBER at FAX #: (705)-760-8654.

Meg Hall / Ann Pritchard
Disability Specialist; Human Resources