

HSE Health Management
Work Capabilities Form



HSE-PRO-012a

Electronic copies of this form are current. All other copies are uncontrolled and currency can only be assured at the time of printing

The JCU worker is to provide this form to the treating doctor to complete to assist with the creation of a Suitable Duties Plan. This completed form is to be made available to the JCU worker's Supervisor and the JCU HSE IPaMA.

Name: _____ DOB: ____/____/____

I have examined the above patient on the _____ (date) and consider that he/she has the following medical condition: -

_____ (diagnosis).

Fitness for work

He/she is/will be:

- Fit to carry out normal duties commencing on (date): ____/____/____.
- Fit and capable of performing selected duties (details below) from (date) ____/____/____ to ____/____/____.
- Currently unfit for any work, but may be able to return to work within _____ days/weeks

Recommended work hours

- Usual work hours
- Reduced work hours: _____ hours per day _____ days per week.

Duties may include :	Frequent	Occasional	Minimal	None
Sitting				
Standing				
Walking				
Climbing stairs				
Bending/Twisting/Squatting				
Reaching below waist to ground level				
Reaching to waist/chest height				
Reaching to overhead height				
Grip Activities				

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Duties may include :	Frequent	Occasional	Minimal	None
Lifting/carrying using right / left hand up to ____ kg				
Lifting/carrying using both hands up to ____ kg				
Pushing / Pulling				
Mopping or sweeping				
Computer work (including frequent breaks)				
Operating Machinery				
Driving				

Other: Recommendations / Comments (i.e. Psychological, medication etc. impact on work capabilities)

Review Date: ____/____/____

Expected time to return to full pre-injury duties: _____ (weeks) _____ (months)

(**please note generally the business expects employees to return to full pre-injury hours and duties within 3 months of commencement of a return to work plan**)

Signed (Treating Doctor): _____ (print name / stamp)

Date: ____/____/____