

# Stay at Work / Return to Work Suitable Duties Plan

WHS-PRO-FORM-006b



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

Stakeholder details	
Worker	
Claim number	
Phone	
Supervisor	
Phone	
Treating Doctor	
Phone	
JCU IPaMA	
Phone	

Plan details			
Injury Diagnosis			
Goal – long term:			
Plan completed by: JCU / Provider / Insurer			
Objective of this plan:			
Duration of this plan			
From:		To:	
Fit for suitable duties (restricted return to work)			
From:		To:	
Job description:			

Task details		
Week	Duties	Restrictions
Week 1 – commencing: Days: Hours:		
Week 2 – commencing: Days: Hours:		
Week 3 – commencing: Days: Hours:		
Week 4 – commencing: Days: Hours:		

Treatment occurring during this plan (e.g. physiotherapy):	Training required: Yes <input type="checkbox"/> No <input type="checkbox"/>
Plan to be reviewed on:	If 'Yes', given by: Training given on:

If there are any questions / concerns regarding the stay at work / return to work suitable duties plan please contact the Injury and Prevention Management Advisor at [rehab@jcu.edu.au](mailto:rehab@jcu.edu.au) or 4781 6182.

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Signatures	
<b>Treating Doctor</b>	<b>Worker</b>
I approve this plan	I have been consulted about the content of this plan and agree to participate
Signature:	Signature:
Date signed:	Date signed:
<b>Supervisor</b>	<b>Injury Prevention and Management Advisor (IPaMA)</b>
Name:	Name:
I agree to ensure this plan is implemented in the work area	I agree to monitor this plan
Signature:	Signature:
Date signed:	Date signed: