

WHS Health Management: Work Capabilities Form 6B

WHS-PRO-FORM-006b



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The JCU staff member is to provide this form to their treating practitioner. The treating practitioner is to complete the form, identifying the staff member's psychological capacity or limitations. Information from this form may be shared with the staff member's Supervisor for the development of a suitable duties plan. The completed form is to be returned to the Injury Prevention & Management Advisor by email: rehab@jcu.edu.au

Name: _____ DOB: ____/____/____

I have interviewed and assessed the above patient on (date): _____ and certify that they have a medical condition that is impacting on their work in the following way(s):

☐ I have viewed the worker's position description.

and / or

☐ I am aware of the requirements of their role.

Fitness for work

☐ Fit to carry out pre-injury duties commencing on (date) ____/____/____

☐ Fit and capable of performing modified duties from (date) ____/____/____ to ____/____/____

☐ Unfit for any kind of work from (date) ____/____/____ to ____/____/____

Recommended work pattern:

☐ Usual work hours

☐ Reduced work hours

Week	Hours / Day	Days / Week
Week 1		
Week 2		
Week 3		
Week 4		

Medications

Is the Staff member currently taking any medication? ☐ Yes ☐ No

Please outline any side effects from medication that may impact on the Staff members' functional capacity or task performance at work (e.g. drowsiness, dizziness, impaired concentration, fatigue, slurred speech).

Please outline any work tasks that are restricted or impaired by medication currently being taken by the Staff member (for example driving, operating heavy machinery, prolonged standing, prolonged exposure to sunlight).

Cognitive Activities	No Capacity	Limited Capacity	Full Capacity	Details
Learning new tasks				
Ability to initiate tasks independently				
Understanding and following instructions				
Maintaining focus / concentration				
Executing tasks within a reasonable timeframe				
Working autonomously without supervision				
Prioritising tasks				
Making decisions				
Managing multiple tasks				
Memorising information				
Apply judgement and problem solving				
Working in a high demand environment				
Adapting to change				

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Relational Activities	No Capacity	Limited Capacity	Full Capacity	Details
Communicating with internal / external stakeholders				
Working in a team environment				
Ability to attend meetings				
Handling conflict				
Supervising others				
Participating in managerial discussions				
Engaging in grievance/conflict resolution				
Conduct				
Ability to maintain professionalism and emotional regulation in line with JCU's Code of Conduct Yes / No				
Other recommendations / comments				

Review date: ____/____/_____(to be reviewed every 4 weeks)

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

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Treating Practitioner Signature: _____

Treating Practitioner Name: _____

Date: ____/____/____

Staff Member Signature: _____

Staff Member Name: _____

Date: ____/____/____



Worker is to sign this form if they have been present during completion of the form and have been consulted by the treating practitioner for the purpose of completing the form. Please note that the injured worker's co-signature on this form is not mandatory, as the injured worker will be consulted and will co-sign the suitable duties plan that is developed from this assessment information.