

Form – Work Restrictions/Recommendations for Return to Normal or Suitable Duties

1 General details

| | |
|--------------------|-------------------|
| Employee name | Pre-Injury duties |
| Date of injury / / | Nature of injury |

2 The Worker is able to

| | YES | NO | | | | | |
|----------------------------|-----------------------|-----------------------|------------------------------|------------------------------|------------------------------|------------------------------|---------------------------------|
| Lift occasionally | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> 2 kg | <input type="radio"/> 5 kg | <input type="radio"/> 10 kg | <input type="radio"/> 15 kg | <input type="radio"/> 20 kg |
| Perform repetitive lifting | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> 2 kg | <input type="radio"/> 5 kg | <input type="radio"/> 10 kg | <input type="radio"/> 15 kg | <input type="radio"/> 20 kg |
| Pack occasionally | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> 2 kg | <input type="radio"/> 5 kg | <input type="radio"/> 10 kg | <input type="radio"/> 15 kg | <input type="radio"/> 20 kg |
| Pushing carts/trolleys | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> 2 kg | <input type="radio"/> 5 kg | <input type="radio"/> 10 kg | <input type="radio"/> 15 kg | <input type="radio"/> 20 kg |
| Stand for a period | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> 10mins | <input type="radio"/> 20mins | <input type="radio"/> 40mins | <input type="radio"/> 60mins | <input type="radio"/> or longer |
| Walk for a period | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> 10mins | <input type="radio"/> 20mins | <input type="radio"/> 40mins | <input type="radio"/> 60mins | <input type="radio"/> or longer |
| Perform cleaning duties | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> 10mins | <input type="radio"/> 20mins | <input type="radio"/> 40mins | <input type="radio"/> 60mins | <input type="radio"/> or longer |
| Write, type, use keyboard | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> 10mins | <input type="radio"/> 20mins | <input type="radio"/> 40mins | <input type="radio"/> 60mins | <input type="radio"/> or longer |
| Drive | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> 10mins | <input type="radio"/> 20mins | <input type="radio"/> 40mins | <input type="radio"/> 60mins | <input type="radio"/> or longer |
| Use tools/equipment | <input type="radio"/> | <input type="radio"/> | | | | | |
| Rotate trunk/neck | <input type="radio"/> | <input type="radio"/> | | | | | |
| Squat, kneel, climb ladder | <input type="radio"/> | <input type="radio"/> | | | | | |
| Work above shoulder height | <input type="radio"/> | <input type="radio"/> | | | | | |
| Work below knee height | <input type="radio"/> | <input type="radio"/> | | | | | |
| Gripping | <input type="radio"/> | <input type="radio"/> | | | | | |
| Do one handed duties | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Right | or | <input type="radio"/> Left | | |

Hours to be worked _____

Other medical restrictions _____

To remain on suitable duties until _____

If the employee remains totally unfit for work please indicate when the employee may be able to return on suitable duties

Doctor's signature _____ Date _____

X _____ / /

Date / / Telephone _____