



**MEDICAL ASSESSMENT FORM**

To the Employee: The purpose of this form is to provide the Waterloo Region 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's Consent: I authorize the Health Professional involved with my treatment to provide to my employer this form when complete. This form contains information about any medical limitations/restrictions affecting my ability to return to work or perform my assigned duties.

<b>Employee Name:</b>	<b>Employee Signature:</b>
<b>Employee ID:</b>	<b>Telephone No:</b>
<b>Supervisor Name:</b>	<b>Work Location:</b>

**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: \_\_\_\_\_ dd/mm/yyyy

General Nature of Illness (*please do not include diagnosis*) \_\_\_\_\_

Date of Assessment: dd mm yyyy	Please check one: <input type="checkbox"/> Patient is capable of returning to work with no restrictions. ➤ Complete Sections 2 & 3	<input type="checkbox"/> Patient is capable of returning to work with restrictions ➤ Complete Sections 2 & 3	<input type="checkbox"/> Patient is totally disabled and unable to return to work at this time. ➤ Complete Section 3
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**Section 2: Health Care Professional to complete. Please outline your patient's Abilities and / or Restrictions based on your objective medical evidence. If your patient remains totally disabled please omit this section.**

**PHYSICAL (if applicable)**

<b>Walking:</b> <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 100 metres <input type="checkbox"/> 100 - 200 metres <input type="checkbox"/> Other (please specify):	<b>Standing:</b> <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 15 minutes <input type="checkbox"/> 15 - 30 minutes <input type="checkbox"/> Other (please specify):	<b>Sitting:</b> <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 30 minutes <input type="checkbox"/> 30 minutes - 1 hour <input type="checkbox"/> Other (please specify):	<b>Lifting from floor to waist:</b> <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 5 kilograms <input type="checkbox"/> 5 - 10 kilograms <input type="checkbox"/> Other (please specify):
<b>Lifting from Waist to Shoulder:</b> <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 5 kilograms <input type="checkbox"/> 5 - 10 kilograms <input type="checkbox"/> Other (please specify):	<b>Stair Climbing:</b> <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 5 steps <input type="checkbox"/> 5 - 10 steps <input type="checkbox"/> Other (please specify):	<b>Limited use of hand(s):</b> Left <input type="checkbox"/> Gripping <input type="checkbox"/> Pinching <input type="checkbox"/> Other (please specify): Right <input type="checkbox"/> Gripping <input type="checkbox"/> Pinching <input type="checkbox"/> Other (please specify):	
<input type="checkbox"/> Bending/twisting repetitive movement of (please specify):	<input type="checkbox"/> Work at or above shoulder activity:	<input type="checkbox"/> Chemical exposure to:	Travel to Work: Ability to use public transit <b>or</b> Ability to drive car <input type="checkbox"/> Yes <input type="checkbox"/> No

**COGNITIVE (if applicable)**

<b>Attention and Concentration:</b> <input type="checkbox"/> No Deficit <input type="checkbox"/> Minimal deficit <input type="checkbox"/> Moderate deficit <input type="checkbox"/> Major deficit	<b>Learning &amp; Memory:</b> <input type="checkbox"/> No Deficit <input type="checkbox"/> Minimal deficit <input type="checkbox"/> Moderate deficit <input type="checkbox"/> Major deficit	<b>Decision- Making:</b> <input type="checkbox"/> No Deficit <input type="checkbox"/> Minimal deficit <input type="checkbox"/> Moderate deficit <input type="checkbox"/> Major deficit	<b>Judgement:</b> <input type="checkbox"/> No Deficit <input type="checkbox"/> Minimal deficit <input type="checkbox"/> Moderate deficit <input type="checkbox"/> Major deficit
<b>Organization &amp; Planning:</b> <input type="checkbox"/> No Deficit <input type="checkbox"/> Minimal deficit <input type="checkbox"/> Moderate deficit <input type="checkbox"/> Major deficit	<b>Communication:</b> <input type="checkbox"/> No Deficit <input type="checkbox"/> Minimal deficit <input type="checkbox"/> Moderate deficit <input type="checkbox"/> Major deficit	<b>Social Interaction:</b> <input type="checkbox"/> No Deficit <input type="checkbox"/> Minimal deficit <input type="checkbox"/> Moderate deficit <input type="checkbox"/> Major deficit	<b>Adaptation:</b> <input type="checkbox"/> No Deficit <input type="checkbox"/> Minimal deficit <input type="checkbox"/> Moderate deficit <input type="checkbox"/> Major deficit

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.*):

