

Medical Restrictions

Health Care Practitioner Information:

This company recognizes that the provision of alternate or modified work is important in the prevention of disability and has established a Return-to-Work (RTW) Program for employers to use when they have a worker who is unable to perform any or all of their normal duties as a consequence of an injury/illness.

The purpose of a medical restrictions form is to verify injury/illness and to provide restrictions in order to enable the worker to return to alternate or modified work as soon as possible.

[If a medical restrictions form is used for a work injury at the initial visit, please bill WCB code 640]

Medical Restrictions: Clear and specific limits, including, but not limited to, specific work activities, exposures, body motions, positional tolerances (i.e. ability to sit, stand, stoop for a protracted time, etc.), timeframes, and lifting and/or material handling capabilities, as identified by the injured worker's health care provider(s), required to protect the worker from further injury. Medical restrictions arising from an injury may be physical, cognitive and/or psychological and be of a temporary or permanent nature.

We require this information in order to identify suitable work that is both productive and safe.

Any work assignments will honour the outlined restrictions.

If we are unable to offer work that is appropriate to the outlined restrictions, the worker will be off work.

Please provide the worker's current capabilities and/or restrictions, and the expected duration of any restrictions (i.e. no lifting until musculoskeletal assessment).

It is expected that all restrictions will be based upon objective medical evidence.

Worker Instructions:

- Report injuries and absences for medical reasons to your supervisor immediately
- Obtain medical treatment
- Have your health care provider complete the Medical Restrictions form (on back) during your initial visit to provide you with your restrictions

If medical restrictions do not affect your ability to do your job, return to work for your next scheduled shift.

If medical restrictions affect your ability to do your job:

- Call your supervisor as soon as possible to let him/her know that your injury has affected your ability to do your job
- At your RTW planning meeting, you will be provided (if possible) with suitable work within your restrictions as outlined on the Medical Restrictions form. The alternate or modified work will:
 - Honour your current medical restrictions
 - Be modified if and/or when your medical restrictions change
 - Allow time for further diagnostic and/or treatment appointments
- Have your health care provider complete another medical restrictions form during any follow-up appointments if your medical restrictions change

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Medical Restrictions form

continued from front

Company name _____

Company address _____

If this form is being used for a work injury at the initial visit, please bill WCB code 640.

The purpose of this form is to verify injury/illness and to provide restrictions to the employer in order to enable the worker to return to *alternate or modified work* as soon as possible.

The employer requires this information in order to identify suitable work that is both productive and safe. Any work assignments will honour the outlined restrictions.

If the employer is unable to offer work that is appropriate to the outlined restrictions, the worker will be off work.

Please complete and give to worker for delivery to the employer.

Worker's name:

Due to injury/illness the following physical, cognitive or psychiatric restrictions currently apply:

Expected duration of restrictions:

<7days 8-14 days 15-21 days >21 days

Health care provider name and signature

Date

Health care provider is not required to send a copy to the WCB.

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Work to live.