

Modified Duty Form

TO BE COMPLETED BY HEALTHCARE PROVIDER ONLY if there has been a change in patient's abilities.
 WRHA will reimburse up to **\$25.00** for the **COMPLETED** form with invoice if received within 90 days of signing
Completed form can be faxed to employee's home site located on page 2

Employee Name:	Position:	Employee ID:
Date of Birth:	Site:	
Authorization of Employee: <i>I authorize the release of this information to the Winnipeg Regional Health Authority Occupational and Environmental Safety & Health Department.</i>	General Nature of illness/injury: <i>(specific diagnosis should not be included)</i>	
_____ Employee Signature	_____ Date	

RETURN TO WORK:

Start Date: ____ / ____ / ____
dd mm yyyy

Full Functional Abilities **Reduced Functional Abilities**

Estimated Duration: _____

Recommended Gradual Hours *(if applicable)*

Graduated	Hours / Day	Days / Week
Week 1		
Week 2		
Week 3		
Week 4		
Week 5		

FUNCTIONAL ABILITIES

(Please be specific and check all that apply)

KEY	Mobility/Posture	N	O	F	C	Mobility/Posture	N	O	F	C
*FREQUENCY N – Never O – Occasional <small>(up to 33% of the day)</small> F – Frequent <small>(between 34-66% of the day)</small> C – Constant <small>(between 67-100% of the day)</small>	Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neck ROM <i>(specify)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shoulder/Reaching <input type="checkbox"/> R <input type="checkbox"/> L At Shoulder Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Below Shoulder Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Above Shoulder Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Deep Squat/Crouch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Low Back Bending/Twisting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Stairs/Climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hand Dexterity/Fine Motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gripping <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Power <input type="checkbox"/> Pinch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Strength / Exertion <i>(check all that apply)</i>	0 - 10lbs				10 – 20lbs				20 – 50lbs			
	N	O	F	C	N	O	F	C	N	O	F	C
LIFTING: Floor to Waist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LIFTING: Waist to Shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LIFTING: Above Shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CARRYING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PUSH/PULL FORCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional recommendations regarding functional abilities:

Healthcare Provider Information:

Name:	Clinic Information:
Signature:	Date:

Complete the front page of this form, attach all documentation and send to the appropriate WRHA OESH location listed below.

Employee of	Where to send
Churchill	Fax: 204-477-3449 Email: OESHVGH@wrha.mb.ca
Concordia General Hospital	Fax: 204-661-7317 Email: OESHCONCORDIA@wrha.mb.ca
Deer Lodge Centre	Fax: 204-831-2918 Email: OESH_DLC@wrha.mb.ca
Grace General Hospital	Fax: 204-943-0237 Email: OESHGGH@wrha.mb.ca
Health Sciences Centre	Fax: 204-787-1172 Email: OESH_HSC@wrha.mb.ca
Laundry <i>(Inkster or Selkirk)</i>	Fax: 204-694-0479 Email: OESH SOGH@wrha.mb.ca
Middlechurch	Fax: 204-661-7317 Email: OESHCONCORDIA@wrha.mb.ca
RDF (Regional Distribution Facility)	Fax: 204-661-7317 Email: OESHCONCORDIA@wrha.mb.ca
River Park Gardens	Fax: 204-831-2918 Email: OESH_DLC@wrha.mb.ca
Seven Oaks General Hospital	Fax: 204-694-0479 Email: OESH SOGH@wrha.mb.ca
Victoria General Hospital	Fax: 204-477-3449 Email: OESHVGH@wrha.mb.ca
WRHA Community Health Services <i>(ie. Home Care, Primary Care & Access Centres)</i>	Fax: 204-944-8417 Email: OESHCORPCOMM@wrha.mb.ca
WRHA Corporate	Fax: 204-944-8417 Email: OESHCORPCOMM@wrha.mb.ca