

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

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

RETURN TO WORK: Start Date: ____/____/____ <small>dd mm yyyy</small> <input type="checkbox"/> Full Functional Abilities <input type="checkbox"/> Reduced Functional Abilities Estimated Duration: _____	Recommended Gradual Hours (if applicable)																	
	<table border="1"> <thead> <tr> <th>Graduated</th> <th>Hours / Day</th> <th>Days / Week</th> </tr> </thead> <tbody> <tr><td>week 1</td><td></td><td></td></tr> <tr><td>week 2</td><td></td><td></td></tr> <tr><td>week 3</td><td></td><td></td></tr> <tr><td>week 4</td><td></td><td></td></tr> <tr><td>week 5</td><td></td><td></td></tr> </tbody> </table>	Graduated	Hours / Day	Days / Week	week 1			week 2			week 3			week 4			week 5	
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 (specify)	<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 (check all that apply)	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: 204-944-8417 Email: OESHCORPCOMM@wrha.mb.ca <i>Questions? Please call 204-926-8050</i>
Concordia General Hospital	Fax: 204-661-7317 Email: OESHCONCORDIA@wrha.mb.ca <i>Questions? Please call 204-661-7434</i>
Deer Lodge Centre	Fax: 204-831-2918 Email: OESH_DLC@wrha.mb.ca <i>Questions? Please call 204-831-2153</i>
Grace General Hospital	Fax: 204-943-0237 Email: OESHGGH@wrha.mb.ca <i>Questions? Please call 204-837-0869</i>
Health Sciences Centre	Fax: 204-787-1172 Email: OESH_HSC@wrha.mb.ca <i>Questions? Please call 204-787-3312</i>
Laundry <i>(Inkster or Selkirk)</i>	Fax: 204-694-0479 Email: OESH SOGH@wrha.mb.ca <i>Questions? Please call 204-632-3280</i>
Middlechurch	Fax: 204-661-7317 Email: OESHCONCORDIA@wrha.mb.ca <i>Questions? Please call 204-661-7434</i>
RDF (Regional Distribution Facility)	Fax: 204-661-7317 Email: OESHCONCORDIA@wrha.mb.ca <i>Questions? Please call 204-661-7434</i>
River Park Gardens	Fax: 204-831-2918 Email: OESH_DLC@wrha.mb.ca <i>Questions? Please call 204-831-2153</i>
Seven Oaks General Hospital	Fax: 204-694-0479 Email: OESH SOGH@wrha.mb.ca <i>Questions? Please call 204-632-3280</i>
Victoria General Hospital	Fax: 204-477-3449 Email: OESHVGH@wrha.mb.ca <i>Questions? Please call 204-477-3107</i>
WRHA Community Health Services <i>(Home Care, Public Health, Mental Health, etc.)</i>	Fax: 204-944-8417 Email: OESHCORPCOMM@wrha.mb.ca <i>Questions? Please call 204-926-8050</i>
WRHA Corporate <i>(Corporate offices, Tissue Bank, Breast Health, Regional staff at hospitals, etc)</i>	Fax: 204-944-8417 Email: OESHCORPCOMM@wrha.mb.ca <i>Questions? Please call 204-926-8050</i>