



THE UNIVERSITY OF WINNIPEG

Workplace Capabilities Form/Return to Work Authorization

The University of Winnipeg supports early and safe return to work. We can provide meaningful, modified duties to support the recovery process. This form will be used to guide the return to work process and the development of an accommodation plan. **Please indicate any restrictions below. Any unmarked categories will be assumed to involve no significant impairment of function.**

Employee Name:	Employee DOB:
Date of Assessment:	

Due to injury, illness, or disability, this employee is:

- ☐ Fit for regular hours and duties, without restrictions, immediately or as of _____ (date).
- ☐ Fit for modified duties immediately (complete next sections): ☐ Full hours ☐ Graduated hours
- ☐ Not fit to work, even with accommodations. Estimated duration of absence: _____ (days/weeks).

Physical Injury/Illness/Disability Restrictions/Limitations

☐ Full physical abilities

A. Strength <input type="checkbox"/> Able to lift floor to waist <input type="checkbox"/> Able to lift from waist to shoulders <input type="checkbox"/> Able to lift above shoulders <input type="checkbox"/> Able to carry	" 0 kg " ≤ 5 kg " 5-10 kg " 10-25 kg " Other (specify) " 0 kg " ≤ 5 kg " 5-10 kg " 10-25 kg " Other (specify) " 0 kg " ≤ 5 kg " 5-10 kg " 10-25 kg " Other (specify) " 0 kg " ≤ 5 kg " 5-10 kg " 10-25 kg " Other (specify)
Comments 	

B. Upper Limb <input type="checkbox"/> Avoid overhead work <input type="checkbox"/> Difficulty with gripping/pinching <input type="checkbox"/> Use of opposite hand/arm only <input type="checkbox"/> Limited repetitive movements of hand/arm/wrist	Comments
C. Mobility <input type="checkbox"/> Avoid kneeling, squatting or crawling <input type="checkbox"/> Avoid repetitive bending or twisting <input type="checkbox"/> Standing tolerance: _____ hours/minutes <input type="checkbox"/> Sitting tolerance: _____ hours/minutes <input type="checkbox"/> Walking tolerance: _____ <input type="checkbox"/> Avoid stairs <input type="checkbox"/> Avoid ladders <input type="checkbox"/> Avoid pushing/pulling <input type="checkbox"/> Requires assistive device (e.g. cane, walker, crutches, wheelchair): _____	
D. Sitting Activities <input type="checkbox"/> Desk work – reading, writing <input type="checkbox"/> Computer work	

<input type="checkbox"/> Telephone use (with headset?) <input type="checkbox"/> Meetings	
E. Other Restrictions <input type="checkbox"/> Keep wound clean and dry <input type="checkbox"/> Must wear splint, brace or sling <input type="checkbox"/> This person should not be exposed to: <input type="checkbox"/> Heat <input type="checkbox"/> Working at heights <input type="checkbox"/> Cold <input type="checkbox"/> Mechanical hazards/moving machinery	

Cognitive and Affective Assessment

☐ Full cognitive/affective abilities

Please check the appropriate boxes to indicate current level of ability from 1 (low) to 4 (high)					
Activity	1 0-25%	2 26-50%	3 51-75%	4 76-100%	If limited, specify abilities
Concentration					
Screen out Environmental Stimuli					
Maintain work stamina/pace					
Handle tight deadlines					
Multi-task					
Interact with the public					
Respond to feedback					
Deal with Confrontation					
Work with others					
Manage Emotions					
Follow Written Instructions					
Follow Verbal Instructions					
Exercise Sound judgement					
Exercise Full memory Capabilities					
Supervise Others					
Attend to details					
Adapt to Change					
Communication					

Comments: 					

Other restrictions/limitations not listed above (including reduced hours of work, graduated hours etc.):

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Duration of above restrictions: ____ Days ____ Weeks ☐ Permanent

Next Appointment: _____

Practitioner name (print):	Signature:
Specialty:	Date:

* Please return this form to the Wellbeing Office at wellbeing@uwinnipeg.ca or by fax to 204.774.2935.

Costs associated with the completion of this form are the responsibility of the patient.