

Section A: To be completed by the worker or employer

Worker information		
WSIB Claim Number		Employee Number
First Name	Last Name	Home Telephone Number
Home Address (Street Number, Street Name, Suite/Unit Number, City/Town, Province, Postal Code)		
Date of Injury/Onset of Illness (yyyy-mm-dd)		Area of Injury(if applicable)
Job at time of Injury/Illness		
Division	Work Address (Street Number, Street Name, Suite/Unit Number, City/Town, Province, Postal Code)	
Supervisor Name (First, Last)	Work Telephone Number	Alternate Telephone Number

Section B: To be completed by health professional and returned to the worker:

Initial Form Follow-Up Form

Injury/Illness Information	
Nature of Injury/Illness: <input type="checkbox"/> medical illness <input type="checkbox"/> injury (please indicate)	
Estimated Recovery Time:	Is Complete Recovery Expected: <input type="checkbox"/> Yes <input type="checkbox"/> No
Please specify further treatment required, if any:	

Ability to Work (check only one)

- Able to return to work immediately without restrictions
- Able to return to modified duties. Modified duties are recommended for _____ days or _____ weeks
- Unable to participate in any work, including modified duties for _____ days or _____ weeks

If the worker has any functional limitations please check the necessary precaution(s)

Strength Demands	Abilities	Abilities	Abilities
<input type="checkbox"/> Lifting floor to knuckle	<input type="checkbox"/> No loads >20 kg	<input type="checkbox"/> No loads >10 kg	<input type="checkbox"/> Occasional lifting only
<input type="checkbox"/> Lifting knuckle to chest	<input type="checkbox"/> No loads >20 kg	<input type="checkbox"/> No loads >10kg	<input type="checkbox"/> Occasional lifting only
<input type="checkbox"/> Lifting above chest	<input type="checkbox"/> No loads >20 kg	<input type="checkbox"/> No loads >10kg	<input type="checkbox"/> Occasional lifting only
<input type="checkbox"/> Carrying	<input type="checkbox"/> No loads >20 kg	<input type="checkbox"/> No loads >10	<input type="checkbox"/> Occasional carrying only
<input type="checkbox"/> Pushing/Pulling	<input type="checkbox"/> No heavy pushing/pulling	<input type="checkbox"/> Occasional pushing/pulling	<input type="checkbox"/> Avoid pushing/pulling
<input type="checkbox"/> Hand Function	<input type="checkbox"/> Avoid repetitive hand motion	<input type="checkbox"/> No strong gripping	<input type="checkbox"/> Avoid gripping
<input type="checkbox"/> Reaching	<input type="checkbox"/> No prolonged overhead reaching	<input type="checkbox"/> No overhead reaching	<input type="checkbox"/> Avoid any reaching
<input type="checkbox"/> Sitting	<input type="checkbox"/> No prolonged sitting		
<input type="checkbox"/> Standing	<input type="checkbox"/> No prolonged standing	<input type="checkbox"/> Avoid standing	
<input type="checkbox"/> Walking	<input type="checkbox"/> No prolonged walking	<input type="checkbox"/> Avoid uneven ground	<input type="checkbox"/> Avoid walking
<input type="checkbox"/> Climbing stairs/ladders	<input type="checkbox"/> Occasional climbing only	<input type="checkbox"/> No ladder climbing	
<input type="checkbox"/> Stooping/Bending	<input type="checkbox"/> No prolonged stooping/bending	<input type="checkbox"/> Occasional stooping/bending only	<input type="checkbox"/> Avoid stooping/bending
<input type="checkbox"/> Crouching/Kneeling	<input type="checkbox"/> No prolonged crouching/kneeling	<input type="checkbox"/> Occasional crouching/kneeling only	<input type="checkbox"/> Avoid crouching/kneeling

Return to Work Information

All City of Toronto Employees (except Local 79)

Behavioural/Cognitive Restrictions and/or Limitations

Complete this section if the medical condition has resulted in a restriction/limitation. Check all that apply

Yes, see below. Not Applicable

Behavioural/Cognitive Demands			
<input type="checkbox"/> Ability for self-supervision	<input type="checkbox"/> Performance of multiple tasks	<input type="checkbox"/> Tolerance of confrontational situations	<input type="checkbox"/> Numeric skills
<input type="checkbox"/> Ability to supervise others	<input type="checkbox"/> Tolerance to distracting stimuli	<input type="checkbox"/> Responsibility and accountability	<input type="checkbox"/> Communication
<input type="checkbox"/> Ability to tolerate time pressures	<input type="checkbox"/> Ability to work cooperatively	<input type="checkbox"/> Reading literacy	<input type="checkbox"/> Memory
<input type="checkbox"/> Ability to concentrate and attend to detail	<input type="checkbox"/> Tolerance of emotional situations	<input type="checkbox"/> Writing literacy	<input type="checkbox"/> Computer literacy

Are there are contraindications to the testing process if the City's Disability Management staff recommend this employee for functional testing?

Yes No

Comments/Specific Limitations: Please describe any additional related precautions or medical restrictions pertaining to: effects of medication, driving vehicles or operating equipment, physical exertion, vibration, work environment, work hours.

Health Professionals Information (PLEASE PRINT):

Name (First, Last)		Position/Title	
Address (Street Number, Street Name, Suite/Unit Number, City/Town, Province, Postal Code)			
Telephone Number		Date (yyyy-mm-dd)	
Exam Date (yyyy-mm-dd)	Next Appointment Date (yyyy-mm-dd)		
Health Professionals Signature			

Section C: Worker Consent (to be completed by the worker)

I authorize the health professional involved with my treatment to provide me, my employer, and the Workplace Safety and Insurance Board (if applicable) this completed form containing information about any limitations/restrictions affecting my ability to return to work.

X

Date:

Human Resources collects personal information on this form under the legal authority of the City of Toronto Act 2006, S.O. 2006, Chapter 11, Schedule A, s. 136 (c), the Workplace Safety and Insurance Act, 1997, S.O. 1997, Chapter 16, Schedule A, s 40(1-2) and the Collective Agreement between Canadian Union of Public Employees, Local 416 and City of Toronto, Article 46. The information is used to administer return to work process.

Questions about this collection can be directed to the Director Occupational, Health & Safety, Human Resources, Metro Hall, 55 John Street, 5th floor, Toronto, Ontario M5V 3C6 or by telephone at 416-392-5028.