Form – Work Restrictions/Recommendations for Return to Normal or Suitable Duties

1 General details

Employee name | Pre-Injury duties

Date of injury / / | Nature of injury

2 The Worker is able to

	YES	NO					
Lift occasionally	◯	◯	◯ 2 kg	◯ 5 kg	◯ 10 kg	◯ 15 kg	◯ 20 kg
Perform repetitive lifting	◯	◯	◯ 2 kg	◯ 5 kg	◯ 10 kg	◯ 15 kg	◯ 20 kg
Pack occasionally	◯	◯	◯ 2 kg	◯ 5 kg	◯ 10 kg	◯ 15 kg	◯ 20 kg
Pushing carts/trolleys	◯	◯	◯ 2 kg	◯ 5 kg	◯ 10 kg	◯ 15 kg	◯ 20 kg
Stand for a period	◯	◯	◯ 10mins	◯ 20mins	◯ 40mins	◯ 60mins	◯ or longer
Walk for a period	◯	◯	◯ 10mins	◯ 20mins	◯ 40mins	◯ 60mins	◯ or longer
Perform cleaning duties	◯	◯	◯ 10mins	◯ 20mins	◯ 40mins	◯ 60mins	◯ or longer
Write, type, use keyboard	◯	◯	◯ 10mins	◯ 20mins	◯ 40mins	◯ 60mins	◯ or longer
Drive	◯	◯	◯ 10mins	◯ 20mins	◯ 40mins	◯ 60mins	◯ or longer
Use tools/equipment	◯	◯					
Rotate trunk/neck	◯	◯					
Squat, kneel, climb ladder	◯	◯					
Work above shoulder height	◯	◯					
Work below knee height	◯	◯					
Gripping	◯	◯					
Do one handed duties	◯	◯	◯ Right or ◯ Left				

Hours to be worked

Other medical restrictions

To remain on suitable duties until

If the employee remains totally unfit for work please indicate when the employee may be able to return on suitable duties

Doctor's signature | Date

✗ / /

Date / / | Telephone