

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

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## 1 General details

Employee name \_\_\_\_\_ Pre-Injury duties \_\_\_\_\_  
Date of injury     /     / \_\_\_\_\_ Nature of injury \_\_\_\_\_

## 2 The Worker is able to

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

**X** \_\_\_\_\_ / / \_\_\_\_\_

Date     /     / \_\_\_\_\_ Telephone \_\_\_\_\_