University of Victoria | Occupational Health, Safety & Environment

Functional Capabilities Form

Employee Name: _____ Phone #: _____

Job Title/Position: _____ Hours: FT ☐ PT ☐ Hours: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize the University of Victoria to release information to WorkSafeBC or your health care practitioners. I understand this information may also be used to assist in return to work planning as appropriate. I agree that an electronic facsimile or a photo copy is to be considered as valid as an original signed copy.

Employee's Signature: _____ Date: ____/____/____ (Day / Month / Year)

Return to regular duties? Yes ☐ No ☐ If no, please complete the following section:

PLEASE COMPLETE WHERE LIMITATIONS ARE RECOMMENDED:

A. SITTING/STANDING/WALKING	**Occasional (1-33%)**	**Frequent (34-66%)**	**No Limitations**	**Comments**
Sitting	☐	☐	☐	
Standing	☐	☐	☐	
Walking	☐	☐	☐	
Crawling	☐	☐	☐	
B. LIFTING FLOOR TO WAIST				
Sedentary (up to 4.5kgs)	☐	☐	☐	
Light (4.6 - 9.0 kgs)	☐	☐	☐	
Medium (9.1 – 22kgs)	☐	☐	☐	
LIFTING WAIST TO SHOULDER				
Sedentary (up to 4.5kgs)	☐	☐	☐	
Light (4.6 - 9.0 kgs)	☐	☐	☐	
Medium (9.1 – 22kgs)	☐	☐	☐	
LIFTING ABOVE SHOULDER				
Sedentary (up to 4.5kgs)	☐	☐	☐	
Light (4.6 - 9.0 kgs)	☐	☐	☐	
Medium (9.1 – 22kgs)	☐	☐	☐	

C. UPPER BODY	**Left Right Both**	**Left Right Both**	**Left Right Both**
Pushing / Pulling	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
Carrying	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
Gripping	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
Reaching Forward (over 45 cm)	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
Reaching Overhead (over 178 cm)	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
Deviated Wrists	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐

D. LOWER BODY REQUIREMENTS	**Occasional (0 – 33%)**	**Frequent (34 – 66%)**	**No Limitations**
Kneeling	☐	☐	☐
Bending / Twisting	☐	☐	☐
Stair / Ladder Climbing	☐	☐	☐

E. OPERATING MOTORIZED EQUIPMENT ☐ No Limitations ☐ Limitations reported to Ministry of Transportation

F. SENSORY	**Occasional (0 – 33%)**	**Frequent (34 – 66%)**	**Not Required**
Eye-hand coordination	☐	☐	☐
Hearing / Speech	☐	☐	☐
Vision	☐	☐	☐
Tactile/ Feeling	☐	☐	☐
G. MENTAL	**Occasional (0 – 33%)**	**Frequent (34 – 66%)**	**Not Required**
Read / Write	☐	☐	☐
Computer Use	☐	☐	☐
Supervision	☐	☐	☐
Work to Speed	☐	☐	☐

H. REMARKS:

Date RTW Modified Work: **Estimated Duration of Limitations**:

Date RTW Regular Job:

By completing this Functional Capabilities Form, the information contained herein will become part of the employee health file and may be accessed by the patient (injured worker), WSBC, and the employer, as applicable. University of Victoria has modified work available. Please have the employee return this form immediately to University of Victoria.

Health Professional Name: _____ (please print) Health Profession: _____ Date Of Next Appt: _____ DD /MM /YY

Full Address: _____ City/ Town: _____

Signature: _____ Date: _____ Telephone: _____

Occupational Health, Safety and Environment
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