

# Work Capabilities Notification Form

Charles Darwin University is committed to ensuring its employees are fit to undertake their duties and has a return to work program that may provide suitable duties / hours to an employee who has suffered a work-related injury.

Duties can be tailored from sedentary office work only, up to full field duties (where applicable) – these can be introduced gradually as the injury improves, to ensure a safe and early return to work. The information provided below by the treating Doctor will assist the University to provide a suitable duties plan, where possible.

Please indicate on the table below any restrictions applicable to the employee. Please indicate how long these restrictions must remain in place, and / or when the next medical review is required.

<b>Surname</b>	<b>First Names</b>	<b>D.O.B.</b>
<b>Job Title</b>	<b>Supervisor</b>	<b>Date of Injury</b>
<b>Injury</b>	<b>Description</b>	

**Please indicate** -  Fit for all pre-injury duties /  Fit for suitable duties (*complete table below*) /  Temporarily unfit  
*(please provide Statement of Fitness for Work – First, Progress or Final certificate)*

Restrictions	Okay to perform	Must not perform	Limited to wt, time, etc	Comments
Manual Handling <i>Lifting / Carrying</i>				
Manual Handling <i>Pulling/Pushing</i>				
Climbing stairs / ladders / scaffolding				
Sitting ( <i>time each event</i> )				
Standing / Teaching ( <i>time each event</i> )				
Stand/Walk ( <i>workshop / kitchen / beauty supervision</i> )				
Walking distance limits- even / uneven ground				
Walking distance limits/ uneven ground				
Kneeling - <i>kneel crouch squat crawl</i>				
Activities requiring Balance				
Bend, Stoop, Twist				
Power Tools / Hand Tools				
Hand Use <i>grip, rotation, etc</i>				
Reaching forward / side / over head				
Plant / Vehicle Operation				
Heights / Confined Space / Remote / Work Alone / Heat / Cold				
Repetitive limb use				
PPE				
Field Supervision/Inspection / Office Duties				
Lecturing / Tutoring – <i>face to face – time limits</i>				
Lecturing / Tutoring – <i>online – time limits</i>				

**Normal Hours** (*7.35hrs / day; 5 days/wk.*) / **Restricted Hours Required** (*please circle*)

Wk 1 \_\_\_\_\_ days per Week      \_\_\_\_\_ hours per day

Wk 2 \_\_\_\_\_ days per Week      \_\_\_\_\_ hours per day

Wk 3 \_\_\_\_\_ days per Week      \_\_\_\_\_ hours per day

Wk 4 \_\_\_\_\_ days per Week      \_\_\_\_\_ hours per day

**Comments**

<b>Review Required</b> <input type="checkbox"/> Yes / <input type="checkbox"/> No	<b>Referral</b> Specialist _____ / Physiotherapy / Other _____
Date (if yes) _____	

Doctor / Service Provider Name / Stamp	Sign:
	Date: