

Date patient is able to return to modified duties: _____

Hours of work: ☐ regular hours ☐ limited to _____ hours/day _____ days/week

If hours of work are limited, please provide further information about the patient's ability to gradually increase their hours of work for each week:

Week: _____ Hours per day: _____ Days per week _____

Week: _____ Hours per day: _____ Days per week _____

Week: _____ Hours per day: _____ Days per week _____

Date patient will be able to return to regular hours: _____

Physical Limitations/Restrictions:

Walking:	<input type="checkbox"/> able	<input type="checkbox"/> unable	<input type="checkbox"/> limited to _____
Standing:	<input type="checkbox"/> able	<input type="checkbox"/> unable	<input type="checkbox"/> limited to _____
Sitting:	<input type="checkbox"/> able	<input type="checkbox"/> unable	<input type="checkbox"/> limited to _____
Climbing:	<input type="checkbox"/> able	<input type="checkbox"/> unable	<input type="checkbox"/> limited to _____
Lifting:	<input type="checkbox"/> able	<input type="checkbox"/> unable	<input type="checkbox"/> limited to _____
Carrying:	<input type="checkbox"/> able	<input type="checkbox"/> unable	<input type="checkbox"/> limited to _____
Pushing/Pulling:	<input type="checkbox"/> able	<input type="checkbox"/> unable	<input type="checkbox"/> limited to _____
Fine Dexterity:	<input type="checkbox"/> able	<input type="checkbox"/> unable	<input type="checkbox"/> limited to _____
Vision:	<input type="checkbox"/> able	<input type="checkbox"/> unable	<input type="checkbox"/> limited to _____
Other: _____	<input type="checkbox"/> able	<input type="checkbox"/> unable	<input type="checkbox"/> limited to _____

Avoid repetitive movement of: ☐ neck ☐ back ☐ upper extremity
☐ right shoulder ☐ left shoulder ☐ other: _____

Non-Physical Limitations/Restrictions:

Concentration/Focus:	<input type="checkbox"/> functional	<input type="checkbox"/> limited
Thinking/Reasoning:	<input type="checkbox"/> functional	<input type="checkbox"/> limited
Memory:	<input type="checkbox"/> functional	<input type="checkbox"/> limited
Interactions with others:	<input type="checkbox"/> functional	<input type="checkbox"/> limited
Decision making:	<input type="checkbox"/> functional	<input type="checkbox"/> limited
Alertness:	<input type="checkbox"/> functional	<input type="checkbox"/> limited
Other: _____	<input type="checkbox"/> functional	<input type="checkbox"/> limited

Please describe in detail any limitations noted above and how they impact the patient's ability to perform the duties associated with their position:

If this patient is on any medications, do they restrict their ability to carry out job functions:

☐ yes ☐ no

If yes, please describe: _____

Are these restrictions considered to be temporary or permanent? _____

Next review required in: _____ days or _____ weeks

Freedom of Information and Protection of Privacy

The personal information that you provide to Mount Royal University is collected under the authority of the Post-Secondary Learning Act and the Freedom of Information and Protection of Privacy (FOIP) Act - section 33(c). The information will be used for the purpose of accommodation matters while being employed at the University. Collected personal information is protected from unauthorized access, collection, use, and disclosure in accordance with the FOIP Act and can be reviewed upon request subject to the provisions under the Act. Questions regarding the collection of personal information can be directed to: