**Work capabilities checklist: Administration staff** CM08(c)

**Privacy Notice:** The Department of Education is collecting information on the below employee’s health and its impact on work in accordance with the department’s Workplace Rehabilitation procedures, to support the provision of a workplace rehabilitation program. The information will only be accessed by a Rehabilitation and Return to Work Coordinator, to facilitate the employee’s workplace rehabilitation. Some of this information may be given to WorkCover Qld, QSuper or other insurer, a treating doctor or allied health professional or a doctor appointed by the department for the purpose of informing rehabilitation options. Information relevant to the impact of an injury/illness upon an employee’s work may be discussed with a supervisor for the purpose of identifying rehabilitation options. Information may also be discussed with Regional or Central Office Organisational Health and Human Resources employees. An employee’s information will not be given to any other person or agency unless authorised by the employee or required by law.

Action required: To be completed by treating medical practitioner or allied health professional and returned to the Rehabilitation and Return to Work Coordinator to aid the development of a rehabilitation and return to work program.

I have examined \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who is suffering from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

He/She will be capable of performing the following duties from: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_to \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

□ Full time □ Part time \_\_\_\_\_ hours per day \_\_\_\_\_\_\_ days/week

School/Location those duties are performed at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Administration activities** | **Yes** worker can perform these duties | **No** they cannot perform these duties | **Restricted or limited** with the limitations/ restrictions as noted | **Please provide details of****limitations/restrictions** |
| --- | --- | --- | --- | --- |
| Standing for more than two hours | □ | □ | □ |  |
| Walking up stairs | □ | □ | □ |  |
| Bending | □ | □ | □ |  |
| Repetitive bending | □ | □ | □ |  |
| Turning, twisting or extending | □ | □ | □ |  |
| Sitting position (static for 20 mins) | □ | □ | □ |  |
| Lifting hand or hands above head | □ | □ | □ |  |
| Lifting weights more than \_\_\_\_\_\_ kg | □ | □ | □ |  |
| Keyboarding and computer work | □ | □ | □ |  |
| Concentration on tasks for longer than \_\_\_\_\_\_ min/hrs | □ | □ | □ |  |
| Interacting/communicating with staff & others | □ | □ | □ |  |
| Supervising other staff | □ | □ | □ |  |
| Working alone | □ | □ | □ |  |
| Planning | □ | □ | □ |  |
| Assessing | □ | □ | □ |  |
| Participating in extra projects | □ | □ | □ |  |
| Managing multiple tasks | □ | □ | □ |  |
| Answering phones | □ | □ | □ |  |
| Other | □ | □ | □ |  |

**Other (please specify):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Comments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SIGNATURES**

Treating Medical Practitioner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_

Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_

Rehabilitation & Return to Work Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_