# Work Capabilities checklist: janitor/groundsperson/facilities officer/schools officer/agricultural assistant CMO8(d)

**Privacy Notice:** The Department of Education (the department) is collecting information on the below employee’s health and its impact on work in accordance with the department’s ‘Workplace rehabilitation’ procedure, 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. The employee’s information will not be given to any other person or agency unless the employee has given their consent or the department is authorised or required to respond to lawful requests from public authorities, including law enforcement.

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 on uneven ground | □ | □ | □ |  |
| Walking up stairs/walking up stairs & carrying a load | □ | □ | □ |  |
| Bending | □ | □ | □ |  |
| Repetitive bending | □ | □ | □ |  |
| Turning, twisting or extending or reaching | □ | □ | □ |  |
| Sitting position only (static sitting for 20 minutes) | □ | □ | □ |  |
| Lifting hand or hands above head | □ | □ | □ |  |
| Lifting/carrying/moving weights more than \_\_\_\_\_\_ kg | □ | □ | □ |  |
| Keyboarding and computer work | □ | □ | □ |  |
| Concentration on tasks for longer than \_\_\_\_\_\_ min/hrs | □ | □ | □ |  |
| Interacting with other staff  | □ | □ | □ |  |
| Supervising other staff | □ | □ | □ |  |
| Working alone | □ | □ | □ |  |
| Whipper snipping | □ | □ | □ |  |
| Lawn mowing | □ | □ | □ |  |
| Driving ride-on mower | □ | □ | □ |  |
| Crouching/kneeling/squatting | □ | □ | □ |  |
| Driving | □ | □ | □ |  |
| Driving tractors | □ | □ | □ |  |

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

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

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**SIGNATURES**

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

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

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