



RETURN TO WORK WITH RESTRICTIONS

X 428 (R2020-03)

Note: Employees are accountable to provide clear, actionable information about their abilities and restrictions immediately after they have received medical attention for their workplace injury. This form is required for employees returning to work with restrictions from Sickness and Accident, Short Term Disability (greater than 5 working days), Worker's Compensation Board or Long Term Disability. Employees returning to work FULL DUTY AND FULL HOURS are NOT required to use this form. This form may be used for employees with work restrictions but no claim.

If there is a charge for completing this form the employee may seek reimbursement (maximum of \$100.00) from The City of Calgary by submitting the PAID invoice to their Business Unit payroll.

The personal information on this form is collected to facilitate a Modified Return to Work. The personal information will be used and disclosed with stakeholders who require information or notice of this Return to Work Agreement to assist employees back to work in a safe and timely manner. The collection of the personal information is authorized under Section 33(c) of the Freedom of Information and Protection of Privacy Act of Alberta (FOIP Act). If you have any questions regarding the collection, use or disclosure of your personal information you may contact your Department/Business Unit's Ability Advisor.

SECTION A - TO BE COMPLETED BY EMPLOYEE

Surname	First Name	Initials	Date (YYYY-MM-DD)
Department	Job Title	Employee ID	

SECTION B - INSTRUCTIONS:

1. Employee must contact supervisor or designate PRIOR to returning to work
2. Supervisor can request the employee to deliver this form prior to work in order to assist with accommodation
3. Employees who are not financially able to pay for the Return to Work with Restrictions form can contact Human Resources by emailing SupportingHealth@calgary.ca or contacting HR Support Services 403-268-5800 to discuss alternate payment arrangements.

SECTION C: TO BE COMPLETED BY Health Care Provider – Please indicate restrictions, sign and date form

- Fit for full duties (please sign and date last page)
- Reviewed JDA (Job Demands Analysis) with patient
- Fit for modified work i.e. own job or bundled work
- Fit for alternate work i.e. not employee's base position
- Permanent restrictions (we may request additional information that supports objective medical evidence)
- Unfit to work (we may request additional information that supports objective medical evidence)

Behavioral/Cognitive Restrictions <input type="checkbox"/> Applicable <input type="checkbox"/> Not Applicable	
<input type="checkbox"/> Normal cognitive function (i.e. alertness, thinking/reasoning, decision making, concentration, memory, judgment) <input type="checkbox"/> Some cognitive impairment - please complete additional information below: Maintain mental focus: <input type="checkbox"/> Able <input type="checkbox"/> Unable <input type="checkbox"/> Limited Rating # _____ Comment _____ <hr/> Solve problems and make plans: <input type="checkbox"/> Able <input type="checkbox"/> Unable <input type="checkbox"/> Limited Rating # _____ Comment _____ <hr/> Follow instructions and rules: <input type="checkbox"/> Able <input type="checkbox"/> Unable <input type="checkbox"/> Limited Rating # _____ Comment _____ <hr/> Judgment: <input type="checkbox"/> Able <input type="checkbox"/> Unable <input type="checkbox"/> Limited Rating # _____ Comment _____ <hr/> Match emotional responses to each situation: <input type="checkbox"/> Able <input type="checkbox"/> Unable <input type="checkbox"/> Limited Rating # _____ Comment _____ <hr/> Behave in a safe manner: <input type="checkbox"/> Able <input type="checkbox"/> Unable <input type="checkbox"/> Limited Rating # _____ Comment _____	<h3 style="margin-top: 0;">Cognitive Rating Scale</h3> <p>1 - No impairment</p> <p>2 - Mild impairment</p> <p>3 - Moderate impairment</p> <p>4 - Significant impairment</p> <p>5 - Severe impairment</p> <p>Maintain mental focus – i.e. able to manage multiple sources of information (sights, sounds, smells, vibrations) at one time, able to participate in repetitive activities for an entire shift regardless of time of day.</p> <p>Solve problems and make plans – i.e. able to manage time and complete tasks in a timely manner, able to make decisions during both expected and unexpected situations during the entire shift.</p> <p>Follow instructions and rules – i.e. able to complete multi-step tasks without direction or supervision.</p> <p>Match emotional responses to each situation – i.e. able to confidently and respectfully manage customers who are in distress.</p> <p>Behave in a safe manner – i.e. able to identify a workplace emergency, able to operate safety sensitive machinery/vehicles within level of training.</p> <p>Exposure to confrontational situations – Cognitive Rating Scale example to be “able to assist public in distress, testify in court, present to council etc.</p>

Physical Restrictions <input type="checkbox"/> Applicable <input type="checkbox"/> Not Applicable	
Lifting/Carrying: <input type="checkbox"/> Able <input type="checkbox"/> Unable	
Floor to waist:	<input type="checkbox"/> Limited to: <input type="checkbox"/> 5/11 (kg/lbs) <input type="checkbox"/> 10/22 (kg/lbs) <input type="checkbox"/> 20/44 (kg/lbs)
Waist to shoulder:	<input type="checkbox"/> Limited to: <input type="checkbox"/> 5/11 (kg/lbs) <input type="checkbox"/> 10/22 (kg/lbs) <input type="checkbox"/> 20/44 (kg/lbs)
Above shoulder:	<input type="checkbox"/> Limited to: <input type="checkbox"/> 5/11 (kg/lbs) <input type="checkbox"/> 10/22 (kg/lbs) <input type="checkbox"/> 20/44 (kg/lbs)

Pushing/Pulling: <input type="checkbox"/> Able <input type="checkbox"/> Unable <input type="checkbox"/> Limited to _____ (kg/lbs)							
Reaching:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Above shoulder height:</td> <td style="width: 50%;">Below shoulder height:</td> </tr> <tr> <td><input type="checkbox"/> R <input type="checkbox"/> Able <input type="checkbox"/> Unable</td> <td><input type="checkbox"/> R <input type="checkbox"/> Able <input type="checkbox"/> Unable</td> </tr> <tr> <td><input type="checkbox"/> L <input type="checkbox"/> Able <input type="checkbox"/> Unable</td> <td><input type="checkbox"/> L <input type="checkbox"/> Able <input type="checkbox"/> Unable</td> </tr> </table>	Above shoulder height:	Below shoulder height:	<input type="checkbox"/> R <input type="checkbox"/> Able <input type="checkbox"/> Unable	<input type="checkbox"/> R <input type="checkbox"/> Able <input type="checkbox"/> Unable	<input type="checkbox"/> L <input type="checkbox"/> Able <input type="checkbox"/> Unable	<input type="checkbox"/> L <input type="checkbox"/> Able <input type="checkbox"/> Unable
Above shoulder height:	Below shoulder height:						
<input type="checkbox"/> R <input type="checkbox"/> Able <input type="checkbox"/> Unable	<input type="checkbox"/> R <input type="checkbox"/> Able <input type="checkbox"/> Unable						
<input type="checkbox"/> L <input type="checkbox"/> Able <input type="checkbox"/> Unable	<input type="checkbox"/> L <input type="checkbox"/> Able <input type="checkbox"/> Unable						
Grip: Right/Left (please circle) <input type="checkbox"/> Able <input type="checkbox"/> Unable <input type="checkbox"/> Limited to: _____							
Walking: <input type="checkbox"/> Able <input type="checkbox"/> Unable <input type="checkbox"/> Limited to:	<input type="checkbox"/> No uneven ground <input type="checkbox"/> No prolonged periods: <input type="checkbox"/> less than 30 mins/time or <input type="checkbox"/> more than 30 mins/time <input type="checkbox"/> Needs assistance (i.e. requires a cane, crutches etc.)						
Sitting/Standing: <input type="checkbox"/> Able <input type="checkbox"/> Unable <input type="checkbox"/> Limited to: Sitting – duration _____ / Standing – duration _____							
Environment: <input type="checkbox"/> Able <input type="checkbox"/> Unable <input type="checkbox"/> Limited to:	<input type="checkbox"/> Exposure to heat/cold, temperature threshold _____ <input type="checkbox"/> Exposure to dust/fumes/odours <input type="checkbox"/> Exposure to chemicals/noise/light						
Climbing/Heights: <input type="checkbox"/> Able <input type="checkbox"/> Unable <input type="checkbox"/> Limited to: _____ steps _____ ladders							
Vision: Right/Left (please circle) <input type="checkbox"/> Able <input type="checkbox"/> Unable <input type="checkbox"/> Limited to: _____ (i.e. requires eye patch, corrective lenses)							
Hearing: Right/Left (please circle) <input type="checkbox"/> Able <input type="checkbox"/> Unable <input type="checkbox"/> Limited to: _____ (i.e. hearing aid, translator)							
Driving:							
<input type="checkbox"/> Able to operate a company/commercial vehicle (i.e. transit bus, shuttle bus, tandem axle, ½ ton truck): <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Class 1 (professional - any vehicle)</td> <td><input type="checkbox"/> Class 4 (professional - taxi, ambulance)</td> </tr> <tr> <td><input type="checkbox"/> Class 2 (professional - bus)</td> <td><input type="checkbox"/> Class 5 (2-axle - cars, light trucks, motor homes or mopeds)</td> </tr> <tr> <td><input type="checkbox"/> Class 3 (3-axle plus)</td> <td><input type="checkbox"/> Class 6 (motorcycle & moped)</td> </tr> </table> <input type="checkbox"/> Unable to operate company/commercial vehicle <input type="checkbox"/> Able to drive own vehicle to/from work <input type="checkbox"/> License has been suspended by provincial licensing authority		<input type="checkbox"/> Class 1 (professional - any vehicle)	<input type="checkbox"/> Class 4 (professional - taxi, ambulance)	<input type="checkbox"/> Class 2 (professional - bus)	<input type="checkbox"/> Class 5 (2-axle - cars, light trucks, motor homes or mopeds)	<input type="checkbox"/> Class 3 (3-axle plus)	<input type="checkbox"/> Class 6 (motorcycle & moped)
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<input type="checkbox"/> Class 3 (3-axle plus)	<input type="checkbox"/> Class 6 (motorcycle & moped)						
Safety Sensitive:							
<input type="checkbox"/> Able to operate machinery/equipment <input type="checkbox"/> Unable to operate machinery/equipment Comments _____							
Fit for Shift Work:							
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Afternoons Please provide the earliest start time and latest end time and reason(s) employee is unable to work specific hours (e.g. If not able to work afternoon or night shift, provide detailed reason(s) employee is not able to work this shift and the exact hours they cannot work). _____							
Hours of work:							
<input type="checkbox"/> Regular hours _____ <input type="checkbox"/> Reduced hours - limited to: _____ per day/night							
Gradual return to work							
Plan: _____							
Please do not include confidential medical information (i.e. Diagnosis or Treatment)							
Comments:							

Are there any other restrictions or barriers that would impact the successful return to work?							

Date assessed: _____ YYYY-MM-DD							
Start date for modified/gradual return to work: _____ YYYY-MM-DD							
Estimated return to full hours and full duties: _____ YYYY-MM-DD							
Next review date: _____ YYYY-MM-DD							
Health care provider and designation (please print or stamp): _____							
Clinic name and address: _____							
Telephone number (____) _____	Signature _____						

SECTION D - TO BE COMPLETED BY Health Care Provider

Enforcement Position Restrictions (e.g. Police Officer, Security Guard, Public Safety Enforcement Officer)

(e.g. Police Officer, Security Guard, Public Safety Enforcement Officer)

Uniform:

- Fit for general uniformed patrol duties
- Fit to work administrative duties in uniform (shirt, pants and boots) with, check all that apply:
 - Duty belt
 - Body Armour
- Fit to work administrative duties only in a non-uniformed capacity (no duty belt, body armour)

Police Officer Uniform Only:

- Duty belt with handgun
- Office belt with handgun
- Fit to work administrative duties only in a non-uniformed capacity (no duty belt, body armour, sidearm)

Emergency Response:

- Fit to drive marked vehicles, using emergency driving with no restrictions.
- Fit to drive unmarked vehicles, in non-emergency capacity only.

Police Officer Emergency Response Only:

- Lateral Vascular Neck Restraint (LVNR)
- Taser (includes scenario)*
- Handgun*
- Shotgun*
- C8*

*Note: employee must be able to qualify to carry

SECTION E - TO BE COMPLETED BY Business Unit Payroll Otis adjustment for reimbursement (receipt attached)

GL Bus. Unit C I T Y C	Account 3 6 2 6 0	Fund	Dept ID	Activity	Reference	TRC
PC Bus. Unit	Project ID	Task		Source		
Adjustment Amount	Batch	PP	YYYY	Initials	Employee ID	

ISC: Confidential

Employee must provide copy to Supervisor