

15.2 – Functional Abilities



Doctor

To assist in maintaining our employee's income, please identify any suitable work activities that may be performed during our employee's recovery. Your time/cooperation is appreciated.

General

Name:	Date:
Description of Ailment:	

Suitable Duties

<input type="checkbox"/> Regular duties	<input type="checkbox"/> Administration/training	<input type="checkbox"/> Light cleanup
<input type="checkbox"/> Drive vehicle(s)	<input type="checkbox"/> Assist co-worker	<input type="checkbox"/> Inventory/repair
<input type="checkbox"/> Other:		

Additional Restrictions/Comments

Modified/light duty work is required for approximately (days):
If employee is unable to participate in the above, he/she may be absent for (days):

Physician Details

Hospital/Clinic:
Address:
Treating Physician:
Physician Signature:

Billing Information

<i>Please fax completed form as soon as possible to: (250) 656-5895</i>
<i>Send invoice to: #3 – 2061 Malaview Ave. Sidney, BC V8L 5X6</i>