

Typical task list for use by the examining doctor

Name	Position: Generic – Chronic sick	Date of assessment
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This form details the basic task requirements to assist management determine if alternative suitable duties are available when an employee returns to work prior to being given a medical clearance for return to full duties and is not intended to replace a full FCE.

Please assess the workers ability to perform the tasks as listed below using the A to E rating scale (please tick appropriate box and include relevant comments as applicable). The BU Manager may still require a full FCE to be performed.

To be completed by employer			To be completed by Examining Doctor					Comments
NO.	Typical Tasks	Frequency	A	B	C	D	E	
1	Standing	Occasional						
2	Walking	Occasional						
3	Lifting & carrying above waist	Occasional						Load Limit kg
4	Lifting & carrying above shoulder	Occasional						Load Limit Kg
5	Reaching	Occasional						
6	Bending	Occasional						
7	Squatting	Occasional						
8	Crouching	Occasional						
9	Kneeling	Occasional						
10	Pushing/Pulling	Occasional						
11	Driving/Driving heavy machinery	Occasional						
12	Climbing Stairs	Occasional						
13	Visual demands	Constant						
14	Speech and hearing – Taking direction	Frequent						
15	Cognitive demands – e.g. phone contact with workforce, working to deadlines	Frequent						
16	Sitting - 720mm high desk	Constant						
17	Wearing PPE – Steel capped footwear, long clothing	Constant						
18	Wearing PPE – Safety glasses, helmet, hearing protection	Frequent						

Rating Scale	
A	Capable of performing tasks
B	Capable of performing the task using modified technique (eg. Can compensate for loss of digit)
C	Capable of performing the task with some modification of the work environment or equipment.
D	Capable of performing the task but at significant risk of injury.
E	Not capable of performing the task safely

Frequency		
Occasional	Performed < 1/3 of shift	0-100 repetitions / shift
Frequent	Performed between 1/3 to 2/3 of shift	101-800 repetitions / shift
Constant	Performed > 2/3 of shift	>800 repetitions / shift

Is there additional information which may be beneficial for the Employer to be made aware of in determining a Suitable Duties Program for this employee to return to work?

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This person's regular work hours are: hours per day.

Is this person required to work restricted hours? If yes, record the work hours per day.

Period of restriction (Date) from:/...../..... to/...../.....

Assessment completed by: Dr _____

Date of Assessment ___/___/___