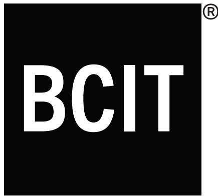

OCCUPATIONAL HEALTH FITNESS ASSESSMENT

(Diagnosis not required)

Human Resources
3700 Willingdon Avenue, Burnaby, BC, Canada V5G 3H2

Instructions: 1) Save this PDF to your desktop, 2) Open with Adobe Reader or Adobe Acrobat, 3) Complete all required fields, 4) Save, 5) Close PDF then re-open to ensure the content you filled in has saved, 6) Submit to BCIT.

TO THE EXAMINING/TREATMENT PHYSICIAN

BCIT wishes to work with employees' physicians in the same context as that addressed in the "CMA Policy Summary on the Physician's Role in Helping Patients Return to Work After an Illness or Injury" – Reprinted from, by permission of the publisher, CMAJ, 1997; 156 (5), pp.680A-F which stated:

> *"The physician's role is to diagnose and treat the illness or injury, to advise and support the patient, to provide and communicate appropriate information to the patient and the employer and to work closely with other involved health care professionals to facilitate the patient's safe and timely return to the most productive employment possible. Carrying out this role requires physicians to understand the patient's roles in the family and the workplace. It requires physicians to recognize and support the employee-employer relationship and the primary importance of this relationship in the return to work. Finally, it requires physicians to have a good understanding of the potential roles of other health care professionals and employment personnel in assisting and promoting the return to work."*

In order that we avoid risk of an aggravation or re-injury, we require your assistance in the following:

- reviewing the attached job description (if applicable) and discussing it in detail with your patient
- completing the reverse side of this letter outlining the medical restrictions you feel are necessary
- suggesting possible work site modifications

When you have completed this form, and can forecast an appropriate date for return to work, we will begin the work site re-integration program.

We would appreciate your guidance in outlining the number of hours per day/week that you would view to be reasonable for the first week, and in the subsequent weeks, until a full return is achieved.

Should you have any questions or wish to discuss the details of the work this person will be returning to, please feel free to contact the manager/supervisor listed at the bottom of the reverse side of this form.

Thank you for your co-operation and assistance in helping us to meet our employee’s rehabilitative needs.

OCCUPATIONAL HEALTH FITNESS ASSESSMENT

(Diagnosis not required)

I ______________________________, (print name) hereby authorize the release to BCIT of all medical information relating to the restrictions that affect my ability to fulfill my regular job duties.

Employee Signature	Date (DD/MMM/YYYY)

1. Can this employee return to their FULL duties/FULL time?

☐ Yes Date:__________________ If yes, please skip to Section 9.

☐ No Please complete Sections 2–9

2. Can this employee return to work if identified limitations are accommodated?

☐ Yes _______ days/week _______ hours/day ____________Starting date

____________End date

☐ No

3. Please indicate which activities he/she will not be able to perform or has limitations.

☐ Bendng ☐ Climbing ☐ Twisting

☐ Reaching ☐ Squatting/Kneeling ☐ Lifting/Carrying

☐ Vision ☐ Driving ☐ Hearing

Other (please explain)

In an 8 hour day, the employee may:

a) Stand: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 hours

b) Walk: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 hours

c) Sit: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 hours

d) Drive: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 hours

4. The employee is capable of:

☐ **Sedentary Physical Activities:** Lifting less that 5 kg mainly seated but occasionally standing or walking about within an office setting.

☐ **Light Physical Activities:** Lifting 5–10 kg maximum and occasionally lifting and/or carrying such articles as dockets, ledgers, and small tools up to 5 kg.

☐ **Medium Physical Activities:** Lifting 15–25 kg maximum with frequent lifting and carrying of objects weighing up to 12 kg.

☐ **Heavy Physical Activities:** Lifting 44 kg maximum with frequent lifting and/or carrying of objects weighting up to 22 kg.

5. The employee may use hand(s) for repetitive:

☐ Single grasping ☐ Pushing & pulling

☐ Keyboarding ☐ Writing

6. What type of worksite modifications might help in expediting his/her return?

☐ Temporarily for how long?

☐ Permanently

7. In cases of stress, please outline in detail the work site stressors and suggested modifications required. Include any environmental or irritant conditions that may need to be addressed. Please use a separate sheet if additional space is required.

8. Recommendations/Comments: please use separate sheet if additional space required.

9. I saw this employee on (MM/DD/YYYY)	He/She will be re-evaluated on (MM/DD/YYYY)
Physician Name	Phone
Physician Signature	Signature Date (MM/DD/YYYY)

Please fax this completed form with your invoice for BCMA fee, Item A00060 to:
Human Resources, BCIT, 3700 Willingdon Avenue, Burnaby, BC V5G 3H2
Fax: 604.434.8462