



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 a completed Expense Report Form (X76) with scanned copies of the receipts to their Supervisor. (CPS employees to submit to Ability Management)

The information on this form is being collected under the authority of the Freedom of Information and Protection of Privacy (FOIP) Act, Section 33(c). The information will be used by the City of Calgary HR Ability Management to disclose with stakeholders who require information or notice of this Return to Work Agreement and to assist employees back to work in a safe and timely manner. All information collected by the City of Calgary is protected by the provisions of the FOIP Act. Questions about the collection, use or disclosure of this information can be directed to Leader - Information & Records Management, Human Resources (403) 268-5240 or mailed to P.O. Box 2100, Stn. M Calgary, Alberta, Canada T2P 2M5 Mail Code: 8107RC.

SECTION A - TO BE COMPLETED BY EMPLOYEE

Form with fields: Surname, First Name, Initials, Date (YYYY-MM-DD), Department, Job Title, Employee ID/REG

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

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 section with checkboxes for 'Applicable' and 'Not Applicable', and detailed examples and definitions for various restriction types like 'Maintain mental focus', 'Solve problems and make plans', etc.

Physical Restrictions **Applicable** **Not Applicable****Lifting/Carrying:**

Floor to waist: Able Unable 5/11 (kg/lbs) 10/22 (kg/lbs) 20/44 (kg/lbs) Other: _____

Waist to shoulder: Able Unable 5/11 (kg/lbs) 10/22 (kg/lbs) 20/44 (kg/lbs) Other: _____

Above shoulder: Able Unable 5/11 (kg/lbs) 10/22 (kg/lbs) 20/44 (kg/lbs) Other: _____

Pushing/Pulling: Able Unable Limited to _____ (kg/lbs)**Reaching:**

Above shoulder height: Below shoulder height:

R Able Unable R Able Unable

L Able Unable L Able Unable

Grip: Right/Left (please circle) Able Unable Limited to: _____

Walking: Able Unable Limited to: No uneven ground

No prolonged periods: duration _____

Needs assistance (i.e. requires a cane, crutches, etc.)

Sitting/Standing: Able Unable Limited to: Sitting – duration _____ / Standing – duration _____

Environment: Able Unable Limited to: Exposure to heat/cold, temperature threshold _____

Exposure to dust/fumes/odours

Exposure to chemicals/noise/light

Climbing/Heights: Able Unable Limited to: _____ steps _____ ladders**Vision:** Right/Left (please circle) Able Unable Limited to _____
(i.e. requires eye patch, corrective lenses)**Hearing:** Right/Left (please circle) Able Unable Limited to: _____
(i.e. hearing aid, translator)**Driving:**

- Able to operate a company/commercial vehicle (i.e. transit bus, shuttle bus, tandem axle, ½ ton truck):
- Class 1 (professional - any vehicle) Class 4 (professional - taxi, ambulance)
- Class 2 (professional - bus) Class 5 (2-axle - cars, light trucks, motor homes or mopeds)
- Class 3 (3-axle plus) Class 6 (motorcycle & moped)
- Unable to operate company/commercial vehicle
- Able to drive own vehicle to/from work
- License has been suspended by provincial licensing authority

Safety Sensitive:

- Able to operate machinery/equipment
- Unable to operate machinery/equipment
- Comments _____

Fit for Shift Work:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday Days Nights Afternoons

If applicable, please provide the earliest start time and latest end time, or specific hours the employee is able to work. Additional information may be requested that supports objective medical evidence.

Hours of work:

Regular hours _____ Reduced hours - limited to: _____ per day/night

Gradual return to work

Plan: _____

SECTION D - TO BE COMPLETED BY Health Care Provider**Enforcement Position Restrictions (e.g. Police Officer, Security Guard, Public Safety Enforcement Officer)****Uniform:**

Note: If wearing a full operational uniform and identifying as a Police Officer, employees must be fit for use of force equipment and complete Subject Control Training

- Fit for Police Operational Uniform (e.g. duty belt, body armor)
- Fit for Modified Uniform: Please specify: _____
- Fit for Non-Uniform Dress (e.g. plain clothes)

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:

Note: Employees must qualify on Subject Control Training to be in full operational uniform or carry firearms

- Subject Control Training
- Taser*
- Handgun*
- Shotgun*
- C8*

*Employee must be able to qualify to carry

Police Officer Core Duties:

Note: Employees may not be able to be accommodated in a policing role if they are not able to complete core duties

- Able to work shiftwork
- Able to prepare for/attend court
- Able to respond to citizen calls for service (patrol and enforcement duties)
- Able to perform investigations

Please DO NOT include confidential medical information (i.e. Diagnosis or Treatment)

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 _____

Employee must provide copy to Supervisor and Ability Advisor