Return to Work Restrictions Form

Note to Health Care Professional

Bourgault Industries Ltd. is committed to working with health care professionals and with our team members to best manage the physical and mental health concerns of our employees, ideally within the workplace whenever reasonable. We wish to ensure the prompt and safe rehabilitation and return to work of our team members. We are committed to providing suitable and meaningful modified duties for these members unable to perform their regular duties as a result of injury or illness. We welcome the support and interest of you, the health care professional, in meeting our commitment and assisting us in this effort.

If this form is being used for a **work injury** at the initial visit, please **bill WCB, code 640**. If this form is being used for a **non-work related injury or subsequent visits**, a fee of **$50.00** will be paid directly to the Health Care Provider by Bourgault Industries Ltd. Please ensure all sections of this two page form are completed in its entirety.

Completion of this form is considered the invoice.

Section A

Name of Health Care Professional (please print): _____

I saw _____ on _____
(Patient's name) (Date)

Date of injury or illness _____
(Date)

Date of next appointment is (indicate **N/A** if not applicable) _____.

Is this injury work-related? Yes☐ No ☐

The patient will be expected to return to their **next scheduled shift** with the indicated restrictions.

If medical restrictions require an **absence from accommodated duties**, the return to work date will be

_____
(Date)

Health Care Professional Address: _____

Telephone: (306) _____ Fax: (306) _____

Please return form with Team Member or e-mail/fax to:

Bourgault Industries Ltd.
Tel: (306) 275-2300 Fax: (306) 275-2331 (secure line)
E-mail: safety@bourgault.com
Attention: Corporate Safety Officer

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Patient's name _____

Check ☑ only those items that apply in Section B.

Definitions
Restriction: Advised not to perform this activity in any capacity.
Limitation: Able to perform this activity in a reduced capacity.
Mental Health: In the workplace mental health concerns are subjectively reported which includes; depression, anxiety, low self-efficacy, low self-worth and perceived competency to meet job expectations. Physical injuries and medical conditions also induce anxiety, so it is natural to avoid things such as work, which then further exacerbates mental health symptoms.

Section B

	Restriction	Limitation
Physical – NA ☐		
Sitting	☐	_____hrs
Standing	☐	_____hrs
Walking	☐	_____hrs
Lifting	☐	_____kg
Carrying	☐	_____kg
Pushing	☐	_____kg
Pulling	☐	_____kg
Climbing stairs/ladders	☐	☐
Crouching	☐	☐
Crawling	☐	☐
Kneeling	☐	☐
Bending	☐	☐
Twisting/Turning	☐	☐
Repetitive activity	☐	☐
Sustained postures	☐	☐
Gripping	☐	☐
Reaching	☐	☐
Fine dexterity	☐	☐
Balance	☐	☐

	Restriction	Limitation
Mental Health – NA ☐		
Thinking/Reasoning	☐	☐
Concentration	☐	☐
Memory	☐	☐
Critical decision-making	☐	☐
Interpersonal contact	☐	☐
Alertness	☐	☐
Additional Concerns: _____		
_____		
Environmental – NA ☐		
Exposure to dust/fumes	☐	☐
Exposure to chemicals	☐	☐
Other – NA ☐		
Shift work	☐	☐
Operating vehicles/equipment	☐	☐
Working at heights	☐	☐
Work with vibrating hand tools	☐	☐
Max hours of work per day	_____hrs	

Restrictions or limitations may affect activity for:

☐ _____ days ☐ _____ weeks ☐ Unknown at this time

Additional Comments (restrictions and clarifications that are medically necessary)

_____

Signature of Health Care Professional: _____ Date: _____