

Physical Abilities Assessment (continued)

| Other Essential/Critical Job Tasks | | | | | | | | | | | | |
|---|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| | Period 1 | | | Period 2 | | | Period 3 | | | Period 4 | | |
| | YY yy | MM mm | DD dd | YY yy | MM mm | DD dd | YY yy | MM mm | DD dd | YY yy | MM mm | DD dd |
| Work Capability P = Pre-injury Job Duties M = Modified Duties | P <input type="checkbox"/> | M <input type="checkbox"/> | | P <input type="checkbox"/> | M <input type="checkbox"/> | | P <input type="checkbox"/> | M <input type="checkbox"/> | | P <input type="checkbox"/> | M <input type="checkbox"/> | |
| Overall Functional Progress I = Improving N = No Change D = Declining | I <input type="checkbox"/> | N <input type="checkbox"/> | D <input type="checkbox"/> | I <input type="checkbox"/> | N <input type="checkbox"/> | D <input type="checkbox"/> | I <input type="checkbox"/> | N <input type="checkbox"/> | D <input type="checkbox"/> | I <input type="checkbox"/> | N <input type="checkbox"/> | D <input type="checkbox"/> |
| Tester's Initials | | | | | | | | | | | | |
| Comments | | | | | | | | | | | | |

Return to Work/Stay at Work Plan (if M duties selected above)

| | |
|-----------------|--|
| Period 1 | |
| Period 2 | |
| Period 3 | |
| Period 4 | |

Final Return to Work Outcome (completed on discharge)

| | | | | | |
|---|-------------------------------------|------|----|----|----|
| <input type="checkbox"/> No time lost | <input type="checkbox"/> Pre-injury | Date | YY | MM | DD |
| | | | yy | mm | dd |
| <input type="checkbox"/> Did not return (state reason) | <input type="checkbox"/> Suitable | Date | YY | MM | DD |
| | | | yy | mm | dd |
| Discharge Date | | YY | MM | DD | |
| | | yy | mm | dd | |

Copied to Physician, Employer, and WSCC

The WSCC may use this information for the administration of legislation under our authority, including the *Workers' Compensation Acts*, the *Safety Acts*, and/or the *Mine Health and Safety Acts*, and their associated *Regulations*, and to contact you in relation to the requirements under the relevant legislation. It is your responsibility when providing an email address to ensure reasonable safeguards are in place to protect the confidentiality and security of your personal information within your email account.

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