



CLS Medical and Return to Work Form

The CLS is committed to a return to work program for employees who are recovering from illness or injury. **The CLS can provide light duties.** (Please see reverse for general list of light duties.)

Employee's Signature

I am authorizing any medical practitioner who treats me to provide my employer and me (and in the case of a work-related injury, WorkSafeBC) with any relevant medical information. I understand that this information will be treated as confidential and will be used only in the management of this absence from work.

Employee Name _____	Employee's Signature _____	Date _____
Injury Date _____	<input type="checkbox"/> Work Related Injury	<input type="checkbox"/> Non-Work Related Injury
	<input type="checkbox"/> Illness	<input type="checkbox"/> Medical Procedure

Medical Practitioner's Description of Injury or General Nature of Illness or Medical Procedure

Physical Limitation of Injured Worker (Please check all that apply.)

Walking Without Limitations
 Some Limitation (Please Specify) *

Standing Without Limitations
 Some Limitations (Please Specify) *

Lifting Without Limitations
 Some Limitation (Please Specify) *

Carrying Without Limitations
 Some Limitations (Please Specify) *

Sitting Without Limitations
 Some Limitation (Please Specify) *

Bending Without Limitations
 Some Limitations (Please Specify) *

Repetitive Movements (arm/wrist).
 Without Limitations
 Some Limitation (Please Specify) *

Comments

Recommendation For Work Hours

Full-Time Modified Hours (Please Specify) _____ Regular Shift
 *Graduated Hours (Please Specify) _____
*Complete limitations to be in effect until (M/D/YY) _____
*Estimated date of return to duties with *some limitations (M/D/YY) _____
*Complete recovery expected? Yes No
Date to be reassessed (M/D/YY) _____ or immediately
Name and phone number of attending medical practitioner (Please print and provide stamp if possible.)

****If a fee is required for completion please invoice CLS by fax at 604.451.5708.
CLS will pay up to \$38.00 for completion of this form.**

Light Duties List on reverse side...

These light duties may be offered to the employee
(this is not a limited list).

- ⇒ **Provide transportation for supported individuals**
- ⇒ **Drive CLS van/vehicle**
- ⇒ **Complete administrative duties/paperwork**
- ⇒ **Do laundry**
- ⇒ **Do light shopping/errands**
- ⇒ **Prepare meals, set and clear tables, load and empty dishwasher**
- ⇒ **Complete lighter household tasks, dusting, sweeping and light cleaning**
- ⇒ **Complete yard maintenance task, watering, weeding, etc.**
- ⇒ **Read, socialize with supported individuals**
- ⇒ **Walk with individuals who are ambulatory**
- ⇒ **Accompany individuals out in the community**