



Fitness for Work Assessment

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		Clinic Name	PN Code
Case #	Worker		
Case Coordinator		Date of Assessment	
Assessment completed by			

INTRODUCTION

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PAST MEDICAL HISTORY

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SUBJECTIVE REPORTS

Chief complaints	
Visual Analog Pain Scale	
Activities of Daily Living	

MUSCULOSKELETAL EXAMINATION

FUNCTIONAL ABILITIES *(functional tolerances compared to the reported job demands)*

Weighted Tasks	Frequent	Occasional	Job Demands (reported by employer)
Lift: above shoulder			
Lift: below shoulder			
Lift: chair to floor			
Push: whole body			
Pull: whole body			
Push/Pull: desk level			
Carry: right			
Carry: left			
Carr: bilateral			

Frequent = 33-66% of workday; Occasional= 1-33% of workday; NR = not recommended

Mobility Positional	Tolerance	Job Demands (reported by employer)
Sitting		
Standing		
Walking		
Climbing		

Pain & Activity Screening Questionnaire:

SUMMARY/RECOMMENDATIONS

Signature:

Date: