



Functional Assessment Form (FAF) (Part I)

Eastern Health has alternate/modified work programs to assist employees to return to work after an injury or illness. Please complete this form in its entirety. Eastern Health will pay the physician \$20.00 for completion of this form.

Please fax completed FAF to: **709- 777-1610**

This Assessment Form is: Initial Supplementary

Section 1: MUST BE COMPLETED BY THE EMPLOYEE

Employee's Full Name:		Employee Number:	Date of Birth:
Position:	Program/Department:		Employee Phone Numbers
Site:		Work:	
		Home:	
Date of first full day of absence: DD/MONTH/YYYY	Manager's Name:		Manager's Phone Number:

EMPLOYEE CONSENT

I hereby authorize and request my treating physician to complete this form and release information concerning my functional limitations for the purpose of assisting my employer in determining appropriate and safe return to work options and to help determine eligibility for sick-leave benefits.

Employee's Signature:	Employee's Name:	Date: DD/MONTH/YYYY
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Section 2: MUST BE COMPLETED BY A MEDICAL PHYSICIAN OR NURSE PRACTITIONER

GENERAL INFORMATION AND PROGNOSIS FOR RETURN TO WORK

Date patient assessed: DD/MONTH/YYYY	First date unable to work: DD/MONTH/YYYY
Is this health issue: <input type="checkbox"/> work related <input type="checkbox"/> non-occupational <input type="checkbox"/> acute <input type="checkbox"/> recurring <input type="checkbox"/> chronic	
Patient is: <input type="checkbox"/> Fit to return to own job <input type="checkbox"/> Fit to return to work with limitations or to alternate/modified duties If unable to return to work, please indicate anticipated duration of absence: ____ days <input type="checkbox"/> 1-2 weeks <input type="checkbox"/> 2-3 weeks <input type="checkbox"/> 3-4 weeks <input type="checkbox"/> 4-6 weeks <input type="checkbox"/> 6-12 weeks <input type="checkbox"/> more than 12 weeks	
What is the level of compliance with treatment recommendations? <input type="checkbox"/> Low <input type="checkbox"/> Average <input type="checkbox"/> High	
Is full recovery expected? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown at present	
Date of next assessment: DD/MONTH/YYYY	Anticipated return to work date: DD/MONTH/YYYY

FUNCTIONAL ABILITIES

Rate the patient's functional abilities using the following:

SLIGHT impairment is one that causes minimal disruption and allows an individual to perform routine activities with some caution.

MODERATE impairment is one that allows an individual to perform routine activities with modification (slower paced). A transient increase in symptoms may result.

SEVERE impairment is one that an individual performs with great difficulty and some risk to self or others.

Functional Abilities	Slight	Moderate	Severe
Lifting up to 10 lbs.			
Lifting up to 20 lbs.			
Lifting up to 30 lbs.			
Lifting up to 50 lbs.			

Functional Assessment Form (FAF) (Part II)

Functional Abilities		Slight	Moderate	Severe
Pushing/Pulling				
Balance				
Sitting				
Bending				
Standing				
Walking				
Horizontal Reaching	Right			
	Left			
Upper Level Reaching	Right			
	Left			
Gripping	Right			
	Left			
Fine Dexterity	Right			
	Left			
Squatting/Crouching				
Climbing Stairs				

PSYCHOLOGICAL / COGNITIVE	
<input type="checkbox"/> Difficulty with detailed/complex tasks <input type="checkbox"/> Difficulty with multitasking <input type="checkbox"/> Easily distracted, limited focus <input type="checkbox"/> Difficulty dealing with public <input type="checkbox"/> Difficulty coping with stressors <input type="checkbox"/> Difficulty dealing with confrontational issues	<input type="checkbox"/> Difficulty with recalling instructions <input type="checkbox"/> Difficulty learning new tasks <input type="checkbox"/> Difficulty with managing time <input type="checkbox"/> Difficulty reasoning/problem solving <input type="checkbox"/> Difficulty with critical decision making <input type="checkbox"/> Cognitive fatigue
Is the patient taking any medication (prescription or non-prescription) which might impair his/her ability to do their job safely? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please comment:	

Additional Information and or comments:

Physician's Name: _____ Physician's Signature: _____

Date: DD/MONTH/YYYY Telephone Number: _____

INSTRUCTIONS FOR EMPLOYEES

The FAF provides the Occupational Health Department with information about what you can or cannot do as a result of your illness or injury. With this information, they will help you get back to work. If you are able to get back to work sooner, you can avoid using up all your sick leave that you might need in the future if you develop a serious illness.

- Section 1 is to be completed in full by the employee.
- Please ensure that you **sign the form** before you have your physician complete it.
- Your physician must complete the FAF **during the period of illness**.
- Additional FAFs will be requested at the discretion of the Occupational Health Service. **You need not obtain a new FAF for each visit to your physician.**
- All medical information supplied will be held in the **strictest confidence in the Occupational Health Department**.
- The FAF must be completed within the first five days of absence and returned to Occupational Health 2 business days after completion.

The information requested on this form is collected under the authority of the *Access to Information and Protection of Privacy Act, 2015 (SNL2015 Chapter A-1.2)* and is needed to assess your ability to return to work. Upon receipt by Eastern Health, this information will form part of your record with the Department of Occupation Health and Safety, and will be used to document your return-to-work progress. Your information on this form will be used by relevant individuals at Eastern Health as needed and required while maintaining the strictest of confidence. For details on the use your information, please contact Occupational Health at 777-3150. If you have questions regarding the authority to collect, use, or disclose the information, please contact Eastern Health's Access and Privacy Office at 709-777-8025.

For information or consultation regarding the FAF please contact:

Occupational Health at: St. John's Region: 777-2523 or Toll Free: 1- 877-704-5422