

Recovery Duties

Purpose of this form

This form is designed to be completed by an injured worker and their supervisor (with their Rehabilitation and Return to Work Coordinator, if appropriate). This form is designed to be used after the "initial work capacity form" has been completed and only then when sufficient suitable duties and/or modifications cannot be made. The duties in this list are not intended to be permanent, and duties should only be provided where it is reasonable for the employer to do so.

Instructions for workers, supervisors and return to work coordinators

The injured worker and their supervisor (with their Rehabilitation and Return to Work Coordinator, if appropriate) should firstly review the relevant "initial work capacity form". If suitable duties cannot be identified, then they may use this form to assess whether alternative duties are available during the recovery period.

The supervisor and worker should complete the following steps:

1. Complete the formalities at the top of page 2
2. Identify what, if any, duties are available and circle either "Y" if available or "N" if not
3. If the duties are available, assess the demand of the duty in relation to the nature of the injury. NB: If a "-" appears in the section, the stated physical demand is not normally required by the worker for the particular duty.
4. Write the maximum time the worker would spend performing those duties per day
5. Include any modifications that are being proposed
6. Both complete the declaration on the last page
7. Take the completed form (and any initial work capacity forms) to the treating doctor to discuss the options available

Instruction for medical practitioners

1. Review the proposed work modifications documented on this form that have been agreed to by the injured worker and their supervisor. These tasks have been evaluated by an Occupational Therapist to determine the impact on body parts when performing the duties.
2. Indicate your level of support for each option; include comments where indicated and initial the relevant section. There is more space for comments on the last page of the document if required.
3. Complete the "Doctor Review" section on the last page and provide a copy for the worker to take back to their workplace.
4. NB: the worker will still require a WorkCover medical certificate

Example of complete section

1. Identify whether duties are available

5. Doctor to complete and add comments

3. Insert the maximum number of hours the duty may be performed

Assisting with Administrative Paperwork (onsite or offsite)
Completion of paperwork to new or existing documents.

Doctor's Use Only:
☐ Approve
☒ Approve subject to comments
☐ Reject (please comment)
 Comments: avoid heavy lifting or standing for more than 30 minutes without a break.
 Doctor's Initials: [Signature]

Worker and Supervisor to Complete:
 Are these duties available? (Y)
 Proposed Modifications: worker to break for 5 minutes every hour.
 How many hours per day (Max) 4

Standing	Walking	Sitting	Lifting	Push / Pull	Reaching	Low level postures [forward spinal flexion, squatting, kneeling]	Climbing
Yes	Yes	Yes	-	-	Minimal	-	-


2. Assess the demands using this table


4. Include any proposed modifications

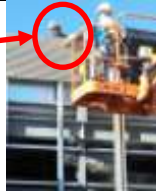
Recovery Duties

EMPLOYER: _____

EMPLOYEE: _____

<p>Measuring and Set Out Read from plans, measure and mark as required.</p>		<p>Doctor's Use Only:</p> <p><input type="checkbox"/> Approve <input type="checkbox"/> Approve subject to comments <input type="checkbox"/> Reject (please comment) Comments : _____</p> <p style="text-align: right;">_____ Doctor's Initials _____</p>					
<p>Worker and Supervisor to Complete:</p> <p>Are these duties available? Y / N _____</p> <p>Proposed Modifications: _____</p> <p style="text-align: right;">How many hours per day (Max) _____</p>							
Standing	Walking	Sitting	Lifting	Push / Pull	Reaching	Low level postures [forward spinal flexion, squatting, kneeling]	Climbing
Yes	Yes	-	Less than 2kg	Minimal	Below / at / above shoulder height	Yes	-



<p>Supervision Oversee workers onsite and provide assistance where necessary. Using a mobile phone when supervising is a main part of the role.</p>		<p>Doctor's Use Only:</p> <p><input type="checkbox"/> Approve <input type="checkbox"/> Approve subject to comments <input type="checkbox"/> Reject (please comment) Comments: _____</p> <p style="text-align: right;">_____ Doctor's Initials _____</p>					
<p>Worker and Supervisor to Complete:</p> <p>Are these duties available? Y / N _____</p> <p>Proposed Modifications: _____</p> <p style="text-align: right;">How many hours per day (Max) _____</p>							
Standing	Walking	Sitting	Lifting	Push / Pull	Reaching	Low level postures [forward spinal flexion, squatting, kneeling]	Climbing
Yes	Yes	-	Only if assisting with tasks	-	Only if assisting with tasks	Only if assisting with tasks	Only if assisting with tasks

<p>Mentoring Offering advice [practical and verbal] to apprentices onsite.</p>		<p>Doctor's Use Only:</p> <p><input type="checkbox"/> Approve <input type="checkbox"/> Approve subject to comments <input type="checkbox"/> Reject (please comment) Comments: _____</p> <p style="text-align: right;">_____ Doctor's Initials _____</p>					
<p>Worker and Supervisor to Complete:</p> <p>Are these duties available? Y / N _____</p> <p>Proposed Modifications: _____</p> <p style="text-align: right;">How many hours per day (Max) _____</p>							
Standing	Walking	Sitting	Lifting	Push / Pull	Reaching	Low level postures [forward spinal flexion, squatting, kneeling]	Climbing
Yes	Yes	-	May assist by providing practical advice				Yes [depending on work location]

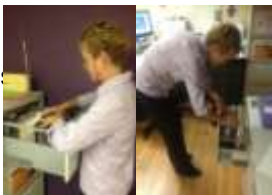
Recovery Duties

<u>Site Housekeeping</u> Maintaining a tidy worksite by removing excess materials and placing in bin / mini skip as necessary.	<u>Doctor's Use Only:</u> <input type="checkbox"/> Approve <input type="checkbox"/> Approve subject to comments <input type="checkbox"/> Reject (please comment) Comments: _____ _____ Doctor's Initials						
<u>Worker and Supervisor to Complete:</u> Are these duties available? Y / N _____ How many hours per day (Max) _____ Proposed Modifications: _____							
Standing	Walking	Sitting	Lifting	Push / Pull	Reaching	Low level postures [forward spinal flexion, squatting, kneeling]	Climbing
Yes	Yes	-	Up to 5Kg	Minimal	Below / at / above shoulder height	Yes	Infrequent

<u>Assisting with Administrative Paperwork (onsite or offsite)</u> Completion of paperwork.	<u>Doctor's Use Only:</u> <input type="checkbox"/> Approve <input type="checkbox"/> Approve subject to comments <input type="checkbox"/> Reject (please comment) Comments: _____ _____ Doctor's Initials						
<u>Worker and Supervisor to Complete:</u> Are these duties available? Y / N _____ How many hours per day (Max) _____ Proposed Modifications: _____							
Standing	Walking	Sitting	Lifting	Push / Pull	Reaching	Low level postures [forward spinal flexion, squatting, kneeling]	Climbing
Yes	Yes	Yes	-	-	Minimal	-	-

<u>Deliveries</u> Driving a truck or ute and lifting items in and out of vehicle when delivering items. Forklift driving may be a requirement of this role.	 	<u>Doctor's Use Only:</u> <input type="checkbox"/> Approve <input type="checkbox"/> Approve subject to comments <input type="checkbox"/> Reject (please comment) Comments: _____ _____ Doctor's Initials					
<u>Worker and Supervisor to Complete:</u> Are these duties available? Y / N _____ How many hours per day (Max) _____ Proposed Modifications: _____							
Standing	Walking	Sitting	Lifting	Push / Pull	Reaching	Low level postures [forward spinal flexion, squatting, kneeling]	Climbing
Yes	Yes	If completing invoicing component	Up to 15kg	Occasional	Below / at / above shoulder height	Yes	In/out truck On/off Forklift


Recovery Duties


<p><u>Filing</u> Filing paperwork into individual files, two, three or four drawer filing cabinet compactus.</p>		<p><u>Doctor's Use Only:</u> <input type="checkbox"/> Approve <input type="checkbox"/> Approve subject to comments <input type="checkbox"/> Reject (please comment) Comments: _____ _____ _____ Doctor's Initials _____</p>					
<p><u>Worker and Supervisor to Complete:</u> Are these duties available? Y / N _____ Proposed Modifications: _____ How many hours per day (Max) _____</p>							
Standing	Walking	Sitting	Lifting	Push / Pull	Reaching	Low level postures [forward spinal flexion, squatting, kneeling]	Climbing
Minimal	Minimal	Yes	Up to 8kg	Infrequent to Occasional	Below / at / above shoulder height	Yes (filing below waist height)	On step ladder if required

<p><u>Stocktake</u> (Visually and physically) counting stock onsite and recording as per workplace procedures. Record keeping may be handwritten or on computer.</p>	<p><u>Doctor's Use Only:</u> <input type="checkbox"/> Approve <input type="checkbox"/> Approve subject to comments <input type="checkbox"/> Reject (please comment) Comments: _____ _____ _____ Doctor's Initials _____</p>						
<p><u>Worker and Supervisor to Complete:</u> Are these duties available? Y / N _____ Proposed Modifications: _____ How many hours per day (Max) _____</p>							
Standing	Walking	Sitting	Lifting	Push / Pull	Reaching	Low level postures [forward spinal flexion, squatting, kneeling]	Climbing
Yes	Yes	Yes	May be required, varies	Minimal	Below / at / above shoulder height	When physically counting stock below waist height	-

<p><u>Attending Training Courses</u> Attendance at training courses offered onsite, offsite or computer based.</p>	<p><u>Doctor's Use Only:</u> <input type="checkbox"/> Approve <input type="checkbox"/> Approve subject to comments <input type="checkbox"/> Reject (please comment) Comments: _____ _____ _____ Doctor's Initials _____</p>						
<p><u>Worker and Supervisor to Complete:</u> Are these duties available? Y / N _____ Proposed Modifications: _____ How many hours per day (Max) _____</p>							
Standing	Walking	Sitting	Lifting	Push / Pull	Reaching	Low level postures [forward spinal flexion, squatting, kneeling]	Climbing
-	Minimal	Yes	-	-	Mid range reach	-	-

Recovery Duties

<p><u>Reception Duties</u> Assisting reception / administration staff including computer work, answering telephones, customer service and filing.</p>		<p><u>Doctor's Use Only:</u></p> <p><input type="checkbox"/> Approve <input type="checkbox"/> subject to comments <input type="checkbox"/> Reject (please comment) Comments: _____</p> <p style="text-align: right;">_____ Doctor's Initials _____</p>					
<p><u>Worker and Supervisor to Complete:</u></p> <p>Are these duties available? Y / N _____</p> <p>Proposed Modifications: _____</p> <p style="text-align: right;">How many hours per day (Max) _____</p>							
Standing	Walking	Sitting	Lifting	Push / Pull	Reaching	Low level postures [forward spinal flexion, squatting, kneeling]	Climbing
Minimal	Minimal	Yes	Minimal	Minimal	Below shoulder height	-	-

<p><u>Traffic Management</u> Directing traffic within a given working zone. <i>NB: For a detailed description reference the initial work capacity form</i></p>		<p><u>Doctor's Use Only:</u></p> <p><input type="checkbox"/> Approve <input type="checkbox"/> Approve subject to comments <input type="checkbox"/> Reject (please comment) Comments: _____</p> <p style="text-align: right;">_____ Doctor's Initials _____</p>					
<p><u>Worker and Supervisor to Complete:</u></p> <p>Are these duties available? Y / N _____</p> <p>Proposed Modifications: _____</p> <p style="text-align: right;">How many hours per day (Max) _____</p>							
Standing	Walking	Sitting	Lifting	Push / Pull	Reaching	Low level postures [forward spinal flexion, squatting, kneeling]	Climbing
Frequent to constant	Yes	-	Up to 15kg (when setting up and packing up)	-	Below shoulder height	When setting up and packing up	-

Recovery Duties

WORKERS & SUPERVISORS DECLARATION

We have reviewed and considered what available work can be safely and reasonably performed and what accommodations can be included. We have undertaken this in good faith and with a view to accommodating the injury and maximising the range of duties that can safely and reasonably be performed, and seeking a successful return to pre-injury duties.

Company Name	Workers signature	Supervisors signature
	Workers name	Supervisors name
	Date	Date

DOCTOR'S REVIEW

Additional comments: (If none, please write "N/A")

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I have reviewed the proposed work modifications and confirm that in my view, subject to my comments above, the worker is able to perform the proposed duties.

These duties should be reassessed on (date)

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(signed)

For information and assistance on completing this form members of Master Builders may contact Houda Peters at Master Builders on (08) 8211 7466

Disclaimer

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