

# Work Capabilities Form

WHS-PRO-FORM-006a



*Electronic copies of this form are current. All other copies are uncontrolled and currency can only be assured at the time of printing*

The JCU staff member is to provide this form to their treating medical practitioner. The treating medical practitioner is to complete the form, identifying the staff member's physical capacity or limitations. This information is then used to assist with the creation of a Suitable Duties Plan if necessary. This completed form is to be made available to the staff member's Supervisor/Manager and the JCU WHS Injury Prevention & Management Advisor.

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

I have examined the above patient on (date): \_\_\_\_\_ and certify that he/she has been diagnosed with the following:

---

---

## Fitness for work

