

Stay at Work / Return to Work Suitable Duties Plan

WHS-PRO-FORM-006b



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Stakeholder details	
Worker	
Claim number	
Phone	
Supervisor	
Phone	
Treating Doctor	
Phone	
JCU IPaMA	
Phone	

Plan details			
Injury Diagnosis			
Goal – long term:			
Plan completed by: JCU / Provider / Insurer			
Objective of this plan:			
Duration of this plan			
From:		To:	
Fit for suitable duties (restricted return to work)			
From:		To:	
Job description:			

Task details		
Week	Duties	Restrictions
Week 1 – commencing:		
Days:		

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