Clear Form

WORK SAFE. FOR LIFE.

WORKERS' COMPENSATION BOARD OF NOVA SCOTIA

Halifax Office
1-800-870-3331 toll free
902-491-8999 local
902-491-8001 fax

Sydney Office
1-800-880-0003 toll free
902-563-2444 local
902-563-0512 fax

Physical Abilities Report – Form E

WCB Claim #:
Health Card #:

Date of Initial Assessment: dd | mm | yyyy

WORKER INFORMATION

Worker's Name:	Area and Type of Injury:
Employer's Name:	
Employer Contact Name:	Phone:

HEALTH CARE PROVIDER INFORMATION

Provider Name:		ID#:
Practitioner Name:	Phone:	Fax:

PHYSICAL ABILITIES ASSESSMENT (refer to Work Capabilities – Definitions)

Weights: ☐ pounds ☐ kilograms	Period 1		Period 2		Period 3		Period 4		Pre-injury Job Demands		
ABILITY Test Date:	dd mm yyyy		dd mm yyyy		dd mm yyyy		dd mm yyyy		Reported by:		
F = Frequent (66%) **O** = Occasional (33%)	**F**	**O**	**F**	**O**	**F**	**O**	**F**	**O**	Worker	Employer	Other
Lifting											
Above Shoulder											
Horizontal											
Floor/Waist											
Carrying											
Right Hand											
Left Hand											
Both Hands											
Pushing											
Pulling											
Tolerance (check box below: subjectively reported by worker ***or*** observed during assessment)											
Standing ☐ reported ☐ observed											
Sitting ☐ reported ☐ observed											
Walking ☐ reported ☐ observed											
Grip Strength **R** = Right **L** = Left	**R**	**L**	**R**	**L**	**R**	**L**	**R**	**L**			

Other Essential/Critical Job Tasks:

Work Capability **P** = Pre-injury Job Duties **T** = Transitional Duties	**P**	**T**	**P**	**T**	**P**	**T**	**P**	**T**	Comments:
Overall Functional Progress **I** = Improving **N** = No Change **D** = Declining									
Tester's Initials									

RETURN TO WORK/STAY AT WORK PLAN (if **T** duties selected above)

Period 1	
Period 2	
Period 3	
Period 4	

FINAL RTW OUTCOME: (completed on discharge)

☐ No time lost ☐ Pre-injury Date: dd | mm | yyyy

☐ Did not return (state reason): ☐ Suitable Date: dd | mm | yyyy

Discharge Date: dd | mm | yyyy

Copied to Physician, Employer and WCB