

# Nishnawbe-Aski Legal Services Corporation



## Functional Capacity Assessment (Full) Form

### RELEASE OF INFORMATION

I, Stella Kiokee-Koostachin, authorize \_\_\_\_\_ to supply written information to my employer, Nishnawbe-Aski Legal Services Corporation regarding my residual functional capacity; any limitations or restrictions on my ability to perform the functions of my position; and any devices, equipment, or accommodations I require to enable me to perform these functions.

Employee's signature \_\_\_\_\_ Date: \_\_\_\_\_

### FUNCTIONAL CAPACITY ASSESSMENT

Employee's name: Stella Kiokee-Koostachin

Health care provider: Please answer only the elements that are pertinent to the employee's ability to perform the essential functions of his job. Explain any response in more detail in Section C.

Date of assessment: 07/10/2021 (surgery)

Please check one of the following:

- Employee is capable of returning to work with no restrictions.
- Employee is capable of returning to work with restrictions. Complete sections A, B, and C.
- Employee is physically or mentally unable to return to work at this time. Complete Section C.

X 6 months post-op

### Section A. Physical Functional Capacity Assessment

1. Please indicate *abilities* that apply. Include additional details in Section C. If not applicable, see Section B.

<b>Walking</b> <input type="checkbox"/> Full abilities <input type="checkbox"/> Fewer than 100 metres <input type="checkbox"/> 100–200 metres <input type="checkbox"/> Other (please specify) _____ _____	<b>Standing</b> <input type="checkbox"/> Full abilities <input type="checkbox"/> Fewer than 2 hours <input type="checkbox"/> At least 2 hours <input type="checkbox"/> About 6 hours <input type="checkbox"/> Other (please specify) _____ _____	<b>Sitting</b> <input type="checkbox"/> Full abilities <input type="checkbox"/> Fewer than 30 minutes <input type="checkbox"/> 30 minutes–1 hour <input type="checkbox"/> Other (please specify) _____ _____	<b>Lifting—floor to waist</b> <input type="checkbox"/> Full abilities <input checked="" type="checkbox"/> Fewer than 5 kilograms <input type="checkbox"/> 5–10 kilograms <input type="checkbox"/> Other (please specify) _____ _____
<b>Lifting—waist to shoulder</b> <input type="checkbox"/> Full abilities <input type="checkbox"/> Fewer than 5 kilograms <input type="checkbox"/> 5–10 kilograms <input type="checkbox"/> Other (please specify) _____ _____	<b>Stair climbing</b> <input type="checkbox"/> Full abilities <input type="checkbox"/> Fewer than 5 steps <input type="checkbox"/> 5–10 steps <input checked="" type="checkbox"/> Other (please specify) _____ _____	<b>Ladder climbing</b> <input type="checkbox"/> Full abilities <input type="checkbox"/> 1–3 steps <input type="checkbox"/> 4–6 steps <input type="checkbox"/> Other (please specify) _____ _____	<b>Travel to work</b> Able to use public transit: <input type="checkbox"/> Yes <input type="checkbox"/> No Able to drive a car: <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Please indicate *restrictions* that apply. Include additional details in Section C.

- Bending/twisting  Repetitive movement of (please specify)  Capacity to work at or above shoulder
- Chemical exposure to  Environmental exposure to (e.g., heat, cold, noise, or scents)  Operating motorized equipment (e.g., forklift)
- Limited use of hand(s)  Limited pushing/pulling with  Potential side effects from medications (please specify). Do not include the names of medications.
- Left Right  Gripping  Left arm  Right arm  Other (please specify)  Pinching  Other  Other (please specify)
- Exposure to vibration  Visual/communicative  Whole body  Acuity (depth, colour, or field)  Hand/arm  Hearing  Speaking  Other (please specify)  Other (please specify)

*off work 6 months post op 2*

**Section B. Mental Functional Capacity Assessment**

If not applicable, see Section C

	No limitation	Not significantly limited	Moderately limited	Markedly limited	Not able to assess
<b>1. Understanding and memory</b>					
a. The ability to remember locations and work-like procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The ability to understand and remember very short and simple instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The ability to understand and remember detailed instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No limitation	Not significantly limited	Moderately limited	Markedly limited	Not able to assess
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**2. Sustained concentration and persistence**

- |   |                          |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. The ability to carry out very short and simple instructions  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. The ability to carry out detailed instructions   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. The ability to maintain attention and concentration for extended periods   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. The ability to perform activities within a schedule, maintain regular attendance, and be punctual within customary tolerances  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. The ability to sustain an ordinary routine without special supervision   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. The ability to work in coordination with, or proximity to, others without being distracted by them   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. The ability to make simple work-related decisions  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. The ability to complete a normal workday without interruptions from psychologically based symptoms and to perform at a consistent pace without an unreasonable number and length of rest periods | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**3. Social interaction**

- |   |                          |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. The ability to interact appropriately with the general public                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. The ability to ask simple questions or request assistance                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. The ability to accept instructions and respond appropriately to criticism from supervisors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. The ability to get along with co-workers without exhibiting behavioural extremes           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. The ability to maintain appropriate behaviour and to adhere to standards of cleanliness    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

No limitation      Not significantly limited      Moderately limited      Markedly limited      Not able to assess

4. Adaptation

- a. The ability to respond appropriately to changes at work
- b. The ability to be aware of normal hazards and take appropriate precautions
- c. The ability to travel in unfamiliar places or use public transportation
- d. The ability to set realistic goals or make plans independently

~~Section C: Additional Comments on Abilities and/or Restrictions~~

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From the date of this assessment, the above will apply for approximately:

- 1-2 days       8-14 days
- 3-7 days       More than 14 days

6 months post-op

Have you discussed return to work with your patient?

- Yes
- No

Recommendations for work hours and start date:

- Regular full-time hours       Modified hours       Graduated hours

Start date of return to work: 6 months post-op

Date of next appointment to review abilities and/or restrictions: \_\_\_\_\_

I have provided this completed Functional Capacity Assessment Form to (check both if applicable):

- Employee       Employer

Dr. Lafontaine      \_\_\_\_\_      29/11/2021

Health care provider's signature

Telephone

Date

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