

Work Capabilities Form

WHS-PRO-FORM-006a



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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: ____/____/____

