Psychological / Neurological
Abilities / Certificate of Illness Form

The Five Hills Health Region has an active Abilities Management program which strives to promote the well being of employees and make every effort to support employees in safely staying in or returning to the workplace.

To allow for continuity and adequate information to approve sick time usage or guide a safe return-to-work, this form is the preferred document with all Five Hills Health Region Employees. Thank you for your anticipated assistance.

Employee Name: _____ Date of Birth: _____

Please check one:

☐ This patient is medically able to work with limitations or restrictions as of *(date)*: _____

☐ This patient is medically fit for accommodated duties.

Please mark appropriate statement which applies to employee.

<table>
<tr><td>1. Carry out Assignments without Supervision
☐ Employee requires supervision on an occasional basis.
☐ Employee requires constant supervision.</td><td>2. Supervisory Responsibilities
☐ Employee is able to supervise as per job expectations.
☐ Employee is not able to supervise as per job expectations.</td></tr>
<tr><td colspan="2">3. Tolerate Deadline Pressures
☐ Employee is able to tolerate strict deadline pressures through the entire work shift.
☐ Employee is able to tolerate deadline pressures that occur at regular intervals throughout the work shift.
☐ Employee can occasionally work under deadline pressures.
☐ Employee should not work under deadline pressures.</td></tr>
<tr><td>4. Concentrate on Details
☐ Employee is able to concentrate on intense detail on a single task.
☐ Employee is unable to concentrate on intense detail.</td><td>5. Exposure to Environmental Stimuli
☐ Employee is able to function well with multiple stimuli present.
☐ Employee is able to function with minimal stimuli present.
☐ Employee is not able to function with any stimuli present.</td></tr>
<tr><td>6. Working in Cooperation with Others
☐ Can work cooperatively with others.
☐ Can work cooperatively with others if expectations are clear.
☐ Cannot work cooperatively with others.</td><td>7. Exposure to Confrontational Situations
☐ Employee is able to manage confrontational situations effectively.
☐ Employee may react inappropriately to confrontational situations.</td></tr>
<tr><td>8. Take on Responsibility/Make Decisions
☐ Employee is able to be fully responsible and accountable.
☐ Employee may have occasional lapses in judgment.
☐ Employee is not able to maintain effective levels of judgment.</td><td>Additional Comments/Details: _____
_____
_____
_____
_____</td></tr>
<tr><td colspan="2">9. If hour restrictions are required, please identify the recommended appropriate shifts, hours and modifications required.

Working hours per shift: ☐ no restriction ☐ 4 hours ☐ 6 hours ☐ 8 hours ☐ 12 hours
Shifts per week: ☐ no restriction ☐ 2 shifts ☐ 3 shifts ☐ 4 shifts ☐ 5 shifts
Shifts in a row: ☐ no restriction ☐ 2 shifts ☐ 3 shifts ☐ 4 shifts ☐ 5 shifts
Minimum days of rest required after working maximum number of shifts in a row:
☐ no restriction ☐ 2 days ☐ 3 days ☐ 4 days ☐ 5 days</td></tr>
</table>

Date of Next Reassessment/Follow-up: _____

_____ _____ _____

Health Care Providers Name | Signature | Date