



Workers Compensation Board of PEI

FIT FOR WORK ASSESSMENT

P.O. Box 757, 14 Weymouth Street, Charlottetown, PE C1A 7L7
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		Clinic Name:	PN 24
Claim Number:	Worker:		
Case Coordinator:		Date of Assessment	
Assessment completed by:			

INTRODUCTION

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PAST MEDICAL HISTORY

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SUBJECTIVE REPORTS

Chief complaints	
Visual Analog Pain Scale	
Activities of Daily Living	

MUSCULOSKELETAL EXAMINATION

FUNCTIONAL ABILITIES *(functional tolerances compared to the reported job demands)*

Weighted Tasks	Frequent	Occasional	Job Demands
Lift: above shoulder			
Lift: below shoulder			
Lift: chair to floor			
Push: whole body			
Pull: whole body			
Push/Pull: desk level			
Carry: right			
Carry: left			
Carry: bilateral			

Frequent = 33-66% of workday; Occasional = 1-33% of workday; NR = not recommended

Mobility Positional	Tolerance	Job Demands
Sitting		
Standing		
Walking		
Climbing		

Pain & Activity Screening Questionnaire:

SUMMARY/RECOMMENDATIONS

Signature:

Date:

Information on this form is required for the purposes of administering the *Workers Compensation Act* and collected under the authority of section 31 of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about this collection of information, please contact: FOIPP Coordinator, Workers Compensation Board of PEI, 14 Weymouth Street, P.O. Box 757, Charlottetown, PE C1A 7L7, (902) 368-5680 or toll free at 1-800-237-5049