

**Submit online:**[desjardinslifeinsurance.com/send](https://desjardinslifeinsurance.com/send)Complete and save the form on your computer first.  
Keep original forms for your records.**By mail:**PO Box 1203 STN A  
Toronto ON M5W 1G6Send original forms and keep copies for  
your records.**By fax:**1-844-409-6571 (toll free)  
416-926-0697

Keep original forms for your records.

**CONFIDENTIAL****PHYSICIAN'S ASSESSMENT /RETURN TO WORK FORM****\*\*Notice of confidentiality: Please note that the information on this form will be shared with the employer. Therefore, only Restrictions and Limitations can be shared to protect confidential information\*\*****Fees for completion of the form**

PPWC and Desjardins want to make sure we support your mental, physical and financial well-being. Therefore, should your physician charge for the completion of this form, Desjardins Insurance will pay up to \$85.00. You will need to submit a receipt for this charge for reimbursement or we encourage your physician to send an invoice directly with their response. Any amount over the \$85.00 maximum will remain your responsibility.

Employee's name	
Position	
Date of birth (YY/MM/DD)	
Certificate number	
Is the Employee capable of returning to full time full duties?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the Employee capable of returning to modified duties within the abilities/restrictions listed below?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, please indicate the duration of these restrictions (days, weeks, months).	
Please provide a date for a full time & full duty return to work	
Date of the medical re-assessment (if required)	

**Demonstrable Abilities of Employee***Please specify additional restrictions in the comments columns*

Physical Ability	Occurrence	X	Comment	Physical Ability	Occurrence	X	Comment
Sitting	Constantly			Kneeling/ Crouching	Constantly		
	Occasionally				Occasionally		
	Not at this time				Not at this time		
Standing	Constantly			Stair Climbing	Constantly		
	Occasionally				Occasionally		
	Not at this time				Not at this time		
Driving	Constantly			Driving rough roads	Constantly		
	Occasionally				Occasionally		
	Not at this time				Not at this time		
Walking	Constantly			Ladder Climbing	Constantly		
	Occasionally				Occasionally		
	Not at this time				Not at this time		

**\*\*Notice of confidentiality: Please note that the information on this form will be shared with the employer. Therefore, only Restrictions and Limitations can be shared to respect our protection of confidential information policy\*\***



Submit online:

[desjardinslifeinsurance.com/send](https://desjardinslifeinsurance.com/send)

Complete and save the form on your computer first.  
Keep original forms for your records.



By mail:

PO Box 1203 STN A  
Toronto ON M5W 1G6

Send original forms and keep copies for  
your records.



By fax:

1-844-409-6571 (toll free)  
416-926-0697

Keep original forms for your records.

<b>Walking Uneven ground</b>	Constantly			<b>Overhead work</b>	Constantly		
	Occasionally				Occasionally		
	Not at this time				Not at this time		
<b>Trunk Flexion (Bending)</b>	Frequently			<b>Manual Dexterity (Gripping)</b>	Constantly		
	Infrequently				Occasionally		
	Not at this time				Not at this time		
<b>Lifting</b>	Heavy			<b>Carrying</b>	Both hands		
	Medium				Right hand		
	Light				Left Hand		
	Limited				Not at this time		
	Not at this time						
<b>Equipment Operating</b>	Constantly			<b>Crawling</b>	Constantly		
	Occasionally				Occasionally		
	Not at this time				Not at this time		
<b>Push/Pulling</b>	Heavy			<b>Repetitive Motion Arms/Wrists</b>	Both		
	Medium				Right		
	Light				Left		
	Limited				Not at this time		
	Not at this time						
<b>Concentration</b>	Restriction Please specify			<b>Memory</b>	Restriction Please specify		
	No restrictions				No restrictions		
<b>Cognitive abilities</b> (Taking direction, following instruction, social interaction, ability to perform time sensitive tasks, etc.)		Please provide a list of cognitive limitations if applicable:					

Any side effects from medication that we should be concerned about : (i.e driving; heights; working alone)

---

Comments :

---

---

Physician's signature : \_\_\_\_\_ Date : \_\_\_\_\_

**Please note the following definitions: National Occupations Classification (NOC)**

**Limited** = 0-5 kg (0-11 lbs)

**Light** = 5-10 kg (11-22 lbs)

**Medium** = 10-20 kg (22-44 lbs)

**Heavy** = >20 kg (>44 lbs)

**Constant** = 67-100% of work shift

**Frequent** = 34-66% of work shift

**Occasional** = 6-33% of work shift

**Infrequent** = 1-5% of work shift

January 2020

**\*\*Notice of confidentiality: Please note that the information on this form will be shared with the employer. Therefore, only Restrictions and Limitations can be shared to respect our protection of confidential information policy\*\***



**Submit online:**

[desjardinslifeinsurance.com/send](https://desjardinslifeinsurance.com/send)

Complete and save the form on your computer first.  
Keep original forms for your records.



**By mail:**

PO Box 1203 STN A  
Toronto ON M5W 1G6

Send original forms and keep copies for  
your records.



**By fax:**

1-844-409-6571 (toll free)  
416-926-0697

Keep original forms for your records.

**Please provide the return to work schedule to facilitate the return to work planning with the employer**

- **Please enter the number of hours the employee is medically authorized to work per day during the return to work process**

Week #	Date	Monday	Tuesday	Wednesday	Thursday	Friday
1						
2						
3						
4						

**\*\*Notice of confidentiality: Please note that the information on this form will be shared with the employer. Therefore, only Restrictions and Limitations can be shared to respect our protection of confidential information policy\*\***