

Date: _____

Fax to: _____

Fax #: _____

Patient Name: _____ DOB: _____

Dear Treating Practitioner,

Western values the health and wellness of its employees. The **Employee Well-being (EWB)** office provides both supportive services and preventative programming to assist employees in maximizing their physical and psychological health.

Western University utilizes a **Transitional Accommodation Program (TAP)** approach. This is a collaborative, individualized and proactive process to assist employees to remain safely at work, or return to work in a timely manner following an illness or injury. A primary role for the EWB office is to implement TAP through an individualized plan; this could include stay-at-work programming, return-to-work support, and accommodations. The EWB office also works to ensure documentation requirements are met.

The EWB Team **requires documentation** to (1) support an employee's paid medical leave, (2) facilitate and support an accommodated position due to demonstrated functional limitations from an illness or injury, and (3) identify and explore options for intervention to prevent a sick leave and/or a WSIB claim.

We do not expect a treating practitioner to list specific accommodations, **only an employee's limitations and restrictions**. Additional medically-substantiated accommodation suggestions will be forwarded to the employee's department for consideration.

Completed FAFs are submitted to our confidential office of allied health professionals and handled in accordance with PHIPA regulations. Western will reimburse the treating practitioner, upon submission of a completed FAF with an invoice, to a **maximum of \$50**.

The completed FAF can be faxed to **519-661-2079** or emailed to employee.wellbeing@uwo.ca

Thank you in advance for your assistance as we work to support your patient.

Well-being Consultants:

- | | |
|--|---------------------------|
| <input type="checkbox"/> Lindsay Plaisant, MSc. OT, OT Reg. (Ont.) | (519-661-2111 ext. 81398) |
| <input type="checkbox"/> Mary Ann Dunham, B.A., CVP, RTWDM | (519-661-2111 ext. 81532) |
| <input type="checkbox"/> Robert O'Halloran, R. Kin. MPK | (519-661-2111 ext. 88798) |
| <input type="checkbox"/> Hannah Zarola, MSc. OT, OT Reg. (Ont.) | (519-661-2111 ext. 84742) |
| <input type="checkbox"/> Jennifer Teal, RN | (519-661-2111 ext. 86799) |



Functional Accommodation/Absence Form (FAF)

Date of Assessment: _____ Is this claim being submitted to WSIB: Yes No
Employee Name: _____ DOB: _____

Presenting Condition: _____ acute chronic
I have initiated the following treatment plan (check all that apply): physiotherapy occupational therapy
 counseling addiction support medication (list): _____
 other: _____

Summarize Response to Treatment: _____
Barriers for Return to Work: _____
My patient requires assistance navigating treatment resources: Yes No
Actively engaged in treatment: Yes No Partially Complete Recovery Expected: Yes No Unknown

Physical Ability*		Cognitive Limitation*	Mild	Moderate	Severe
Sustained Sitting	Limit to _____ minutes	Understanding			
Sustained Standing	Limit to _____ minutes	Memory			
Walking	Limit to _____ minutes	Concentration			
Climbing Stairs	Limit to _____ steps	Responsibility			
Climbing Ladders	Limit to _____	Working Cooperatively			
Bending/Twisting	Limit to _____	Attention to Detail			
Kneeling	Limit to _____	Multi-tasking			
Reaching	Left/Right Limit to _____	Emotional Regulation			
Gripping/Pinching	Left/Right Limit to _____	Adaptation to Change			
Pushing/Pulling	Left/Right Limit to _____	Decision-Making			
Lifting/Carrying	Left/Right Limit to _____ lbs	Time management			
Repetitive Movements	Left/Right Limit to _____	Communication			
Overhead work	Limit to _____	Reading			
Writing/Typing	Limit to _____	Meeting Deadlines			
Working at Heights	Limit to _____	Environmental Stimuli			
Vibration Exposure	Limit to _____	Energy			
Balance		Supervision of Others			
Sensory Impairment					
Operating Machinery					
Driving**					
Other:					

*See reverse for definitions and measurement of limitations.
Checking this box is **not equivalent to a formal driving assessment but acknowledges that an existing medical condition may impact driving.
 Fit to Work (full hours & duties) Unfit to Work Fit to Work with Limitations (identified above)
Estimated Return to Work Date (if absent): _____ *Date of Next Medical Review: _____
 Recommend Graduated Return to Work (please specify below) (*Required)
Is there any additional information that could assist us in supporting your patient?

This completed form is submitted to a confidential office and handled in accordance with PHIPA. Only abilities/functional limitations and date(s) will be shared with the patient's department for consideration of possible accommodations and support in the workplace.

Treating Practitioner's Name (Please Print) or Stamp _____ Signature _____ Date _____

Definitions

Limitations – Any bodily or cognitive functions that a person cannot do

Restrictions/Precautions – Things that a person can do but should not do, usually because it involves significant risk to them or others

Repetitive Movements – Tasks with a cycle time of 30 seconds or less and completed for 60 minutes or longer or tasks that are completed for 50% of a work shift

Avoid – Defines work as none to very infrequent, rare or incidental use

Limit – Defines work as occasional

Seldom – Not on a daily basis or <5% of a workday

Rare – 1-5% of a workday

Occasional – 6-33% of a workday

Frequent – 34-66 % of a workday

Constant – 67-100% of a workday

Work Classifications

Sedentary – Exerting up to 10 lbs of force up to occasionally and negligible amount of force frequently/constantly

Light – Exerting up to 20 lbs of force up to occasionally, and/or up to 10 lbs frequently; negligible amounts constantly

Medium – Exerting 20-50 lbs of force up to occasionally and/or up to 20 lbs of force up to occasionally and/or up to 10 lbs of force up to constantly

Heavy – Exerting 50-100 lbs of force up to occasionally and/or up to 50 lbs of force up to frequently and/or in excess of 20 lbs of force up to constantly

Very Heavy – Exerting in excess of 100 lbs of force up to occasionally, and/or in excess of 50 lbs of force frequently and/or in excess of 20 lbs of force constantly

Measurement limitations in relation to work demands

- **Mild:** Impacted capability less than 25% of the time, minimal disruption to function, still able to perform routine activities with some additional precautions and/or a slight increase in the time required to complete a task
- **Moderate:** Impacted capability less than 50% of the time, some distress or disruption when performing routine job-related demands, working at a slower pace, some or occasional work modifications and/or accommodations are recommended to prevent a transient or consistent increase in symptoms
- **Severe:** Impacted capability more than 50% of the time, profound distress or disruption when performing routine job-related demands, working at a slower pace, work modifications and/or accommodations are strongly recommended to prevent an immediate increase in symptoms as well as longer-term consequences related to physical and/or psychological well-being

Medically substantiated accommodation suggestions will be forwarded to the employee's department for consideration.

Employee Well-being will reimburse the treating practitioner, upon submission of a completed form with invoice, a maximum of \$50.

Western University • Support Services Building Room 4159 • London • ON • N6A 3K7 • Phone: 519-661-2111 • Fax: 519-661-2079 • Email: employee.wellbeing@uwo.ca