



Worker RTW or GRTW Medical Questionnaire

- All workers who have reported an absence due to injury (workplace, recreational, home) or illness are required to complete a **Return to Work (RTW)** or **Graduated Return to Work (GRTW)** medical questionnaire with a medical practitioner.
- The purpose is to confirm a worker's readiness, scope of work and physical limitations to determine appropriate placement and duties.
- **Workers are to discuss with their doctor the physical demands and workplace expectations of their scope of work. Any pain, limitations or required modified duties must be noted in the following document.**

1) My injury is healed I can RTW? Y/N _____

2) Do I have any limitations? Y/N _____

If yes please describe: _____

3) I feel able to return to pre-injury duties. Y/N _____

Describe pre-injury duties (e.g., bending, lifting, taking stairs, awkward position)

4) Were medications prescribed? Y/N _____

If Yes, has the prescription been completed? Y/N _____

If No, is it a narcotic? Y/N _____ and will it negatively impact the workers ability to work safely under WSBC **Fit to Work** initiative? Y/N _____

5) Please describe daily preventative steps to prevent re-injury (e.g., daily stretching, physiotherapy, strengthening, modified duties)

6) I have contacted the Arkay Safety Coordinator (ph.778.710.7019) to confirm my RTW?

If No please note it is a worker requirement to confirm RTW or GRTW plans prior to being eligible to RTW.

7) I am aware that if pain or re-injury does occur, I am to stop work, report to site 1st-aid AND the Arkay Safety Coordinator immediately? Y/N _____

WORKER SIGNATURE: _____ **DATE:** _____

MEDICAL PRACTITIONER SIGNATURE: _____

Physician's office stamp
(REQUIRED TO RETURN TO WORK)

Completed forms must be returned to Arkay prior to RTW
Completed forms can be returned to the
Arkay Safety Coordinator ph.778.710.7019 or safety@arkaycontracting.com