ATT- Nicole. F# 416- 397- 7067.

TORONTO Health Professional's Report of Worker Function

All City of Toronto Employees - Local 79

Section A: To be completed by the worker or employer

Worker information		
WSIB Claim Number		Employee Number 8121796
First Name Karen	Last Name James	Home Telephone Number 647 292 3027
Home Address (Street Number, Street Name, Suite/Unit Number, City/Town, Province, Postal Code) 61 Reese AVE Ajax ON L1T 3Y8		
Date of Injury/Onset of illness (yyyy-mm-dd) 2020/07/26		Area of Injury(if applicable) both hands
Job at time of Injury/Illness Recreation Service Assistant		
Division LTC	Work Address (Street Number, Street Name, Suite/Unit Number, City/Town, Province, Postal Code) 2920 Lawrence AVE East Scarborough ON	
Supervisor Name (First, Last) Nicole McGouran	Work Telephone Number 4163977059	Alternate Telephone Number 6472923027

Section B: To be completed by health professional and returned to the worker:

☒ Initial Form ☐ Follow-Up Form

Injury/Illness Information	
Nature of Injury/Illness: ☒ medical illness ☒ injury (please indicate) (R)thumb lacerati- bilateral carpal tunnel syndrm	
Estimated Recovery Time: 6 months.	Is Complete Recovery Expected: ☐ Yes ☐ No unsure.
Please specify further treatment required, if any: ? surgery. wrist splints. rest	

Ability to Work (check only one)

☐ Able to return to work immediately without restrictions

☒ Able to return to modified duties. Modified duties are recommended for re-assess in 6 week. days or weeks

☐ Unable to participate in any work, including modified duties for days or weeks

If the worker has any functional limitations please check the necessary precaution(s)

Strength Demands	Abilities	Abilities	Abilities
☐ Lifting floor to knuckle	☐ No loads >20 kg	☐ No loads >10 kg	☐ Occasional lifting only No trays.
☐ Lifting knuckle to chest	☐ No loads >20 kg	☐ No loads >10kg	☐ Occasional lifting only No trays
☐ Lifting above chest	☐ No loads >20 kg	☐ No loads >10kg	☐ Occasional lifting only No trays
☐ Carrying	☐ No loads >20 kg	☐ No loads >10	☐ Occasional carrying only No loads, no trays, no ~~heavy~~ tray coffee pots
☐ Pushing/Pulling	☐ No heavy pushing/pulling	☐ Occasional pushing/pulling	☐ Avoid pushing/pulling
☐ Hand Function	☐ Avoid repetitive hand motion	☒ No strong gripping	☐ Avoid gripping
☐ Reaching	☐ No prolonged overhead reaching	☐ No overhead reaching	☐ Avoid any reaching
☐ Sitting	☐ No prolonged sitting		
☐ Standing	☐ No prolonged standing	☐ Avoid standing	
☐ Walking	☐ No prolonged walking	☐ Avoid uneven ground	☐ Avoid walking
☐ Climbing stairs/ladders	☐ Occasional climbing only	☐ No ladder climbing	
☐ Stooping/Bending	☐ No prolonged stooping/bending	☐ Occasional stooping/bending only	☐ Avoid stooping/bending
☐ Crouching/Kneeling	☐ No prolonged crouching/kneeling	☐ Occasional crouching/kneeling only	☐ Avoid crouching/kneeling

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Behavioural/Cognitive Restrictions and/or Limitations

Complete this section if the medical condition has resulted in a restriction/limitation. Check all that apply

☐ Yes, see below. ☒ Not Applicable

Behavioural/Cognitive Demands			
☐ Ability for self-supervision	☐ Performance of multiple tasks	☐ Tolerance of confrontational situations	☐ Numeric skills
☐ Ability to supervise others	☐ Tolerance to distracting stimuli	☐ Responsibility and accountability	☐ Communication
☐ Ability to tolerate time pressures	☐ Ability to work cooperatively	☐ Reading literacy	☐ Memory
☐ Ability to concentrate and attend to detail	☐ Tolerance of emotional situations	☐ Writing literacy	☐ Computer literacy

Are there are contraindications to the testing process if the City's Disability Management staff recommend this employee for functional testing?

☐ Yes ☒ No

Comments/Specific Limitations: Please describe any additional related precautions or medical restrictions pertaining to: effects of medication, driving vehicles or operating equipment, physical exertion, vibration, work environment, work hours.

No lifting of any trays or coffee or tea because she is at risk for suddenly dropping these objects (due to her hand pains). + Can feed clients and do all other recreation tasks.

Health Professionals Information (PLEASE PRINT):

Name (First, Last)	Position/Title
Address (Street Number, Street Name, Suite/Unit Number, City/Town, Province, Postal Code) DR. JASON LO, M.D. Suite 202 - 3600 Hwy 7 East Markham, ON L3R 6E1 Tel: 905 480 1050	
Telephone Number	Date (yyyy-mm-dd) 2020/11/10
Exam Date (yyyy-mm-dd) 2020/11/10	Next Appointment Date (yyyy-mm-dd)
Health Professionals Signature	

Section C: Worker Consent (to be completed by the worker)

I authorize the health professional involved with my treatment to provide to those persons in the employ of the City responsible for seeking to accommodate my functional limitations, and the Workplace Safety and Insurance Board (if applicable) with this completed form. Any further information or clarification concerning my specific functional limitations shall be only to Employee Health and Rehabilitation and shall not be provided to any other person or agency.

x Karen James

Date: Nov 10/2020

Human Resources collects personal information on this form under the legal authority of the City of Toronto Act 2006, S.O. 2006, Chapter 11, Schedule A, s. 136 (c), the Workplace Safety and Insurance Act, 1997, S.O. 1997, Chapter 16, Schedule A, s 40(1-2) and the Collective Agreement between Canadian Union of Public Employees, Local 79 and City of Toronto, Article 46. The information is used to administer return to work process.
Questions about this collection can be directed to the Director Occupational, Health & Safety, Human Resources, Metro Hall, 55 John Street, 5th floor, Toronto, Ontario M5V 3C6 or by telephone at 416-392-5028.

Dr. Jason Lo
A202-3000 Highway 7 East
Markham, Ontario
L3R 6E1

INVOICE

To: City of Toronto Human Resources Division
Employee Health and Rehabilitation
100 Queen Street Wewst, Lower Level East
Toronto, ON
CANADA M5H 2N2

Thursday, December 3, 2020
Bill number JL105705

Re: Karen Mary Rose James
61 Reese Ave
Ajax, ON
L1T 3V8
DOB: Dec 9, 1969 F

	Service Date	# Services	Amount
Reports (per 10 minutes): I503A	Dec 2, 2020	1	20.00

Amount Due: 20.00