Jacobson & Greiner

Group of Companies

Modified Work Form

Company: ______________________________________

Employee Name: __________________ Date: __________________

Is this injury or illness work-related? Yes ☐ No ☐

Please indicate any medical restrictions that should be observed when the employee returns to work:

The employee can work for:	**Sitting:**	**Standing/Walking:**
☐ 2 hours	☐ 2 hrs/day	☐ 2 hrs/day
☐ 4 hours	☐ 4 hrs/day	☐ 4 hrs/day
☐ 6 hours	☐ 6 hrs/day	☐ 6 hrs/day
☐ 8 hours	☐ 8 hrs/day	☐ 8 hrs/day
☐ 10 hours	☐ 10 hrs/day	☐ 10 hrs/day
OTHER: ____________	OTHER: ______________	OTHER: ______________

Lifting:	**Push/Pull:**	**No use of:**
☐ No Lifting	☐ No Pushing	
☐ No Lifting over ____ lbs	☐ No pulling	Left Arm ☐
	☐ No pushing over ____ lbs	Right Arm ☐
	☐ No pulling over ____ lbs	

☐ **Keep injured area clean & dry**

Is this employee on medications that would affect work performance or use of machinery?

☐ Yes ☐ No

ADDITIONAL RESTRICTIONS/COMMENTS:

The disability could require accommodations for:

☐ **<7 days** ☐ **8 – 14 days** ☐ **15 – 21 days** ☐ **>21 days**

If there are no restrictions indicated, we will assume that the worker is able to return to work without any job modifications.

Health Care Practitioner's Name: ______________________________ Phone: ________________

(please print)

Health Care Practitioner's Signature: ______________________________________

Date: ___________________

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Dear Employee:

We understand that you have sustained a work-related injury or illness. The Jacobson & Greiner Group is committed to ensuring a safe and early return to work for all our employees. We have a comprehensive Modified Work Program that can accommodate most temporary functional restrictions.

All employees are required to:

- Report your injury to your supervisor/manager immediately.
- Complete an Accident/Incident Investigation Report with your supervisor within 24 hours of the injury or incident.
- **Bring this form to a Health Care Practitioner.**
- Advise the Health Care Practitioner that The Jacobson & Greiner Group has a modified work program.
- Accept modified work where the Practitioner has determined the work is within your (the employee's) capabilities.

Refusal to accept approved modified work may result in the suspension of wage loss benefits through the Worker's Compensation Board (WCB).

If you have any questions regarding this program, Please Contact Walter Lavallee 204.441.4117.

Dear Health Care Practitioner:

The Jacobson & Greiner Group is committed to ensuring a safe and early return to work for all our employees. To fulfill our "Duty to Accommodate" obligation, The Jacobson & Greiner Group has a comprehensive Modified Work Program that can accommodate most temporary functional restriction.

- This program is designed to provide meaningful, productive work within the employee's medical capabilities after they have sustained either a work related or home related injury or illness.

- Employees in our Modified Work Program are required to check in and out with their managers to inform us if they are experiencing any difficulties.

- **Please complete the Modified work form, outlining the employee's abilities so that we may accommodate them appropriately during their rehabilitation phase.**

- If you have any questions or concerns, or you wish to discuss suitable tasks for this employee, please contact Walter Lavallee 204-441-4117.

Thank you for your assistance