

 titanium	MODIFIED WORK ABILITY	Document Number:	TTT-HS-FRM-0073
		Division:	QHSE
		Incident Date:	

TITANIUM TUBING TECHNOLOGY LTD. has a Transitional Modified Work Program in place to help its injured or sick employees to gradually return to normal duties. Our Transitional Modified Work Program is closely monitored by Colin Waterman (Health & Safety Manager), who in conjunction with a physician will find the most suitable rehabilitation tasks for the injured or sick worker for a LIMITED period of time.

TITANIUM TUBING TECHNOLOGY LTD. requires that every worker inform his doctor of the availability of this program with the length of time needed for recovery. This form has been designed with the physician in mind. Please fill in the Transitional Modified Work Program form and return it to the worker to be present to the above named @ Fax to 1-780-872-5991

DIAGNOSIS: Primary: _____

Secondary: _____

Does this injury keep the worker from performing his/her regular duties: ____ YES ____ NO

ITEM	LIMITATIONS – PLEASE MARK AND “X” IF THERE ARE NO LIMITATIONS	IDENTIFY SPECIAL CONSIDERATIONS
SITTING		
STANDING		
WALKING		
BENDING		
LIFTING		
RESTING		
HAND WRIST MOVEMENT		
REHABILITATION EXERCISES		

RECOMMENDED TREATMENT

Therapy and Frequency: _____
