**DIAG Workplace or Return to Work Assessment**

**Appendix 14**

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| **Name:** | **Date of Assessment** |
| **Area of Work** | |
| **Assessors Details** | |
| Reason for Referral | |
| **History of Symptoms** | **Body Pain Chart** |
| **Limitations of Daily Living** | |
| **Symptoms** | |
| **Aggravate** | **Ease** |

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| **Activity** | **Difficulties** | | **Comments** |
| **Yes** | **No** |
| **Bending** |  |  |  |
| **Kneeling** |  |  |  |
| **Reaching** |  |  |  |
| **Tilting / Turning** |  |  |  |
| **Pushing / Pulling** |  |  |  |
| **Lifting / Carrying** |  |  |  |
| **Sitting** |  |  |  |
| **Standing** |  |  |  |
| **Walking** |  |  |  |
| **Hand / Wrist function** |  |  |  |
| **Other** |  |  |  |
| **Description of Job** |  | | |
| **Demands of Job** |  | | |
| **Environmental Factors** |  | | |
| **Recommendations** | 1.  2.  3.  4.  5.  6. | | |

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| **Signatures Following Initial Risk Assessment** | |
| **Assessors Signature:** | **Date:** |
| **Employee Signature:** | **Date:** |
| **Managers Signature:** | **Date:** |
| **Review Date:** | |
| **Action Plan Following Recommendations** | |
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| **Signatures Following Action Plan Review** | |
| **Assessors Signature:** | **Date:** |
| **Employee Signature:** | **Date:** |
| **Managers Signature:** | **Date:** |
| **Review Date:** | |
| **Action Plan Review** | |
|  | |

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| --- | --- |
| **Signatures Following Action Plan Review** | |
| **Assessors Signature:** | **Date:** |
| **Employee Signature:** | **Date:** |
| **Managers Signature:** | **Date:** |
| **Review Date:** | |
| **Action Plan Review** | |
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