

Cognitive Abilities Form

Employee Name: _____ ID #: _____ Phone #: _____

Occupation: _____ Department: _____

By signing below, I am authorizing any health professional, treating me for my current medical condition, to provide me, my employer and HHSC Insurance Carrier with information about my cognitive abilities for a timely return to work.

Employee Signature: _____ Date: _____
MM/DD/YY

Health Care Provider's Statement:
Please provide current cognitive abilities.

<p>Ability to self-supervise:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cannot self-supervise, requires constant work supervision <input type="checkbox"/> Requires frequent supervision <input type="checkbox"/> Can work effectively with infrequent supervision <input type="checkbox"/> Able to carry out work tasks in a self-supervised manner <p>Comments:</p>	<p>Ability to supervise others:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not able to fulfil any supervisory role <input type="checkbox"/> Able to provide work direction to one or more workers <input type="checkbox"/> Able to provide work direction and some elements of managing work performance, not including disciplinary action <input type="checkbox"/> Able to assume full supervisory responsibilities <p>Comments:</p>
<p>Ability to work with deadline pressure (time pressure):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Likely to have difficulty working quickly or under time pressure <input type="checkbox"/> Capable of a moderate work pace and can occasionally work under time constraints <input type="checkbox"/> Capable of a moderately fast work pace and can frequently work under time constraints <input type="checkbox"/> No impairment of ability to tolerate time pressures or work quickly <p>Comments:</p>	<p>Ability to attend to detail/concentrate:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Unable to concentrate on or attend to details <input type="checkbox"/> Able to concentrate on or attend to details for some tasks, although not at an intense level <input type="checkbox"/> Able to concentrate on or attend to details at a significant level for many tasks or at an intense level for some tasks <input type="checkbox"/> Able to concentrate on or attend to details at an intense level for the majority of the shift <p>Comments:</p>
<p>Ability to perform multiple tasks:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Has difficulty performing more than one task at a time <input type="checkbox"/> Can handle more than one tasks, but requires clear cues to indicate when each task should be performed <input type="checkbox"/> Can perform multiple tasks requiring some time management skill and judgement to determine priorities <input type="checkbox"/> Fully able to perform multiple tasks requirement time management skill and judgement to determine priorities <p>Comments:</p>	<p>Tolerance to distracting stimuli:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Requires a quiet, non-distracting work environment in order to work effectively <input type="checkbox"/> Able to work effectively with a minor degree of distracting stimuli <input type="checkbox"/> Able to work effectively with a moderate degree of distracting stimuli <input type="checkbox"/> Able to work effectively with a high degree of distracting stimuli <p>Comments:</p>

<p>Ability to work cooperatively with others:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Works best alone; has difficulty working co-operatively with others <input type="checkbox"/> Can work co-operatively with others on an infrequent basis <input type="checkbox"/> Can work co-operatively with others on some tasks <input type="checkbox"/> No restrictions or limitations on the ability to work co-operatively with others <p>Comments:</p>	<p>Ability to tolerate emotional situations:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Unable to work effectively in emotionally stressful circumstances or with emotionally distressed individuals <input type="checkbox"/> Able to tolerate infrequent exposure (e.g., monthly) to emotionally stressful circumstances or emotionally distressed individuals <input type="checkbox"/> Able to tolerate occasional exposure (e.g., weekly) to emotionally stressful circumstances or emotionally distressed individuals <input type="checkbox"/> Able to tolerate frequent exposure (e.g., daily) to emotional stressful circumstances or emotionally distressed individuals <p>Comments:</p>
<p>Ability to manage confrontation:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Unable to work effectively in confrontational situations <input type="checkbox"/> Able to manage occasional exposure (up to monthly) to confrontational situations in which assistance is immediately available <input type="checkbox"/> Able to manage occasional exposure (up to weekly) to confrontational situations in which assistance is not immediately available <input type="checkbox"/> Able to manage frequent exposure (approx. daily) to confrontational situations where assistance may or may not be available <p>Comments:</p>	<p>Responsibility and accountability:</p> <ul style="list-style-type: none"> <input type="checkbox"/> May be prone to errors in judgement and/or lapses of attention and therefore should only perform work in which such errors or lapses would be captured by others <input type="checkbox"/> Able to exercise some judgement and responsibility, but occasional lapses may occur. The worker should be assigned to work in which such lapses would not create serious difficulty <input type="checkbox"/> Able to exercise moderate degree of judgement and responsibility, but not to a sufficient extent to assume responsibility for the safety of others <input type="checkbox"/> Able to exercise sufficient judgement and responsibility to perform well in safety-sensitive positions in which the worker is responsible for the safety of others <p>Comments:</p>
<p>Ability to read:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Unable to read English text <input type="checkbox"/> Able to recognize single words, short phrases, or names <input type="checkbox"/> Able to read at a moderate level, e.g., to follow written instructions <input type="checkbox"/> Able to read at an advanced level without difficulty <p>Comments:</p>	<p>Ability to write:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Unable to write in English (functionally illiterate) <input type="checkbox"/> Able to compose text in which accurate grammatical construction and spelling are not essential, e.g., messages, forms, lists <input type="checkbox"/> Able to create memos or letters with accurate spelling, grammatical construction and clarity <input type="checkbox"/> Able to create reports, complex documents or any communications that require a high degree of grammatical form and/or careful wording <p>Comments:</p>

<p>Ability to perform numerical skills:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Has limited ability for number manipulation other than counting <input type="checkbox"/> Able to carry out basic arithmetic operations such as addition and subtraction <input type="checkbox"/> Able to use more complex arithmetic operations such as division, multiplication, percentages, ratios <input type="checkbox"/> Able to apply advanced mathematical concepts and formulas with accuracy <p>Comments:</p>	<p>Ability to communicate:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Has little communication skill; is able to receive and relay concrete information only <input type="checkbox"/> Able to comprehend and communicate information at a basic level within well-defined parameters <input type="checkbox"/> Has sufficient communication skills to comprehend and communicate information fluently <input type="checkbox"/> Has highly developed communication skills to comprehend and communicate complex information and ideas or communicate effectively in complex situations e.g., explaining the design of a complex system, exchanging information with physicians regarding public health issues, policy discussions, conflict resolution <p>Comments:</p>
<p>Memory:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Has poor ability to remember information and apply to work tasks <input type="checkbox"/> Has basic memory ability: can recall information that is applied to work tasks on a regular basis without rigid time constraints <input type="checkbox"/> Has moderate memory ability: can recall information that is harder to remember because it is infrequently used or because of time pressures <input type="checkbox"/> Has high memory ability: able to remember many different pieces of detailed information under varying circumstances that may include demanding situations <p>Comments:</p>	<p>Ability to use computers:</p> <ul style="list-style-type: none"> <input type="checkbox"/> No skill in computer use <input type="checkbox"/> Able to use computers for basic tasks or simple applications e.g. swipe bar code <input type="checkbox"/> Able to use one or more computer programs at a competent level <input type="checkbox"/> Has extensive computer knowledge and problem solving ability at a level expected of computer programmers or IT support staff <p>Comments:</p>

Nature of restrictions: Temporary Permanent Episodic

Restrictions in place for: _____

Date of Next Appointment to review abilities and/or restrictions: _____

MM/DD/YY

Is rehabilitative treatment required? No Yes

Full Recovery Expected: No Yes: _____

MM/DD/YY

Is referral to a specialist indicated / occurred ? No Yes

If yes to above, date of appointment: _____

Name of Health Care Provider (please print): _____

Address: _____

Phone: _____ Fax: _____

Health Care Provider's Signature: _____ Date: _____

MM/DD/YY

The hospital will reimburse costs for the completion of this form. The Physician's office can bill Hamilton Health Sciences directly.
Please forward invoice, within twelve months of the invoice date.

Please fax the completed form to **905-577-8379**, scan to ability@hpsc.ca or mail to:

Ability Services
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