



Functional Abilities Form (FAF)

Section 1 – Completion Instructions

Purpose

Air Canada offers work accommodations to injured employees; the purpose of this form is to facilitate an early and safe return to work following a workplace injury.

Information Notes:

1. A provincial functional abilities form (or equivalent) may be substituted for this form.
2. This form may be used by an employee's immediate supervisor (i.e. Team Leader or CSM) to offer work accommodations following a workplace injury provided the tasks assigned are not safety critical. For the purpose of this process, safety critical tasks are defined as: tasks performed by flight and cabin crew's onboard aircraft with intent of flight; maintenance release of aircraft; and operation of motorized equipment. Work accommodations involving safety critical tasks will require an evaluation by Air Canada Occupational Health Services prior to assignment.
3. This form is required when an employee is unable to fulfill their regular duties following a workplace injury.

Employee

Return the completed form to your immediate supervisor (i.e. Team Leader or CSM) within 24 hours of the injury, or at your earliest opportunity if situations prevent otherwise.

Information Notes:

1. Immediately report all work related injuries or illness to the employer (immediate supervisor)
2. Seek medical attention and complete a Functional Abilities Form (FAF)
3. Report to work on your next scheduled shift to discuss return to work options (submit the completed FAF to your immediate supervisor (i.e. Team Leader or CSM))

Health Professionals

Air Canada has many opportunities for work accommodations, your promptness in completing this form is important for assisting with an early and safe return to work. Please fill out the following form and give it to your patient for transmittal to Air Canada.

In order to help facilitate an early and safe return to work, we require information on the employee's ability to perform regular or modified duties. Air Canada will provide work accommodations if the employee is unable to fulfill regular duties. In view of the functional limitations you will describe below, an appropriate assignment will be offered to our employee if you believe that:

1. He/she can reasonably perform the work;
2. The work, despite the worker's injury, does not endanger his/her health, safety of physical well-being; and
3. The work is beneficial to the worker's rehabilitation.

Information Note: Quebec Only – RAMQ pays a fee (code 9971) for the completion of a temporary assignment form.

Section 2 – Employee Information – to be completed by the employee

Name	Employee Number	Station City Code	Date (yyyy-mm-dd)
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By signing below, I am authorizing any health professional who treats me to provide my employer with information about my functional abilities:

Employee Signature

Section 3 – Assessment – to be completed by the health professional to identify the patient's overall abilities and restrictions

Date of Assessment (yyyy-mm-dd)	Please check one: <input type="checkbox"/> Patient is capable of returning to work with no restrictions <input type="checkbox"/> Patient is capable of returning to work with restrictions - Complete Sections 4. <input type="checkbox"/> Patient is physically unable to return to work at this time
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Name and Address of Health Professional	Signature of Health Professional
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Section 4 – Abilities and/or Restrictions – to be completed by the health professional

Name of injured employee:

Please indicate **Abilities and/or Restrictions** that apply. Include additional details as required.

Walking

- Full Abilities
- Up to 100 metres
- 100-200 metres
- Other (specify)

Standing

- Full Abilities
- Up to 15 minutes
- 15-30 minutes
- Other (specify)

Sitting

- Full Abilities
- Up to 30 minutes
- 30 minutes – 1 hour
- Other (specify)

Lifting from floor to waist

- Full Abilities
- Up to 5 kilograms
- 5-10 kilograms
- Other (specify)

Lifting from waist to shoulder

- Full Abilities
- Up to 5 kilograms
- 5-10 kilograms
- Other (specify)

Stair climbing

- Full Abilities
- Up to 5 steps
- 5-10 steps
- Other (specify)

Ladder climbing

- Full Abilities
- 1-3 steps
- 4-6 steps
- Other (specify)

Pushing/pulling with

- Left arm
- Right arm
- Other

- Bending/twisting repetitive movement of (please specify).

- Work at or above shoulder activity

- Chemical exposure to:

- Environmental exposure to: (eg. Heat, cold, noise or scents)

- Limited use of hand(s):
 - Left Right - Gripping
 - Left Right - Pinching
 - Left Right - Other

- Exposure to vibration:
 - Whole body / Hand/Arm

Additional Comments on Abilities and/or Restrictions

- From the date of this assessment, the above will apply for approximately:
- 1-2 days
 - 3-7 days
 - 8-14 days
 - 14+ days

- Recommendations for work hours:
- Regular full-time hours
 - Modified/Graduated hours

Name and Address of Health Professional

Signature of Health Professional