

FUNCTIONAL SCAN

P.O. Box 757, 14 Weymouth Street, Charlottetown, PE C1A 7L7

wcb.pe.ca

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Claim Number:	Worker's Name:				
Clinic Name:			Completed by:		
Job Title:			Area(s) of Injury:		
Fee Code: <input type="checkbox"/> PN22 <input type="checkbox"/> PN23 <input type="checkbox"/> Report Only					

	First Scan		Second Scan		Third Scan		Fourth Scan		Pre-Injury Job Demands	
Maximum Ability Level	YYYY/MM/DD		YYYY/MM/DD		YYYY/MM/DD		YYYY/MM/DD		Reported by:	
F = Frequent (34% to 66%) O = Occasional (6% to 33%) R = Rare (1%-5%)	F	O	F	O	F	O	F	O	Worker	FJA
Lifting										
From Floor to Waist										
Horizontal (Waist Level)										
Above Shoulder										
Carrying										
Right Hand										
Left Hand										
Both Hands										
Handling										
Pushing										
Pulling										
Grip Strength	L	R	L	R	L	R	L	R		
Tolerance										
	F/O/R		F/O/R		F/O/R		F/O/R			
Above Shoulder Reaching										
Below Shoulder Reaching										
Forward Bending										

Work Positions – Safe RTW Abilities		F/O/R	F/O/R	F/O/R	F/O/R		
Sitting	Clinical Limitation for RTW:	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>		
	If Yes – Safe RTW Ability:						
Standing	Clinical Limitation for RTW:	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>		
	If Yes – Safe RTW Ability:						
Walking	Clinical Limitation for RTW:	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>		
	If Yes – Safe RTW Ability:						
Critical Job Tasks (if applicable)		F/O/R	F/O/R	F/O/R	F/O/R		
Climbing	Stairs						
	Ladder						
Crouching/Squatting							
Kneeling							
Other Critical Job Tasks YYYY/MM/DD:							
Work Capability		P or M	P or M	P or M	P or M		
P = Pre-Injury Duties							
M = Modified Duties							
Comments:							
Signature:				Date: YYYY/MM/DD			

We collect the information on this form to administer the *Workers Compensation Act*. This is done under the authority of that Act and section 31 of the Freedom of Information and Protection of Privacy Act. If you have any questions, please contact the FOIPP Coordinator at the Workers Compensation Board of PEI, 14 Weymouth Street, PO Box 757, Charlottetown, PE C1A 7L7, 902-368-5680 or toll-free at 1-800-237-5049.