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| --- | --- |
| **Rehabilitation Plan for** | *Name* |
| Outcome Goals:  | Date to be Achieved: |  |
| Return to full operation and tasks |
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|  |
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| Immediate Goals:  | Date to be Achieved: |  |
| Obtain doctors certificate |
| Review any special requirements from the doctor |
| Identified tasks that (Name) can perform |
|  |

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| --- | --- | --- | --- | --- |
| Steps / Action | Action RehabilitationManager /Employee | Date | Cost | Review Date |
| Employee can perform the following tasks only |  |  |  |  |
| Discuss rehabilitation plan | Manager/Employee |  |  |  |
| Return restricted taskList only |  |  |  |  |
| Discuss rehabilitation plan | Manager/Employee |  |  |  |
| Return to full work |  |  |  |  |
| Medical Clearance from doctor |  |  |  |  |
| Sign off by Manager/Employee |  |  |  |  |
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| Manager: |  |
|  |
| Employee: |  |