SUITABLE DUTIES FORM

Suitable duties plan completed by:			Date:	
Current medical certificate date:	From:		То:	
Current plan goal:				
Current plan duration:	From:		То:	

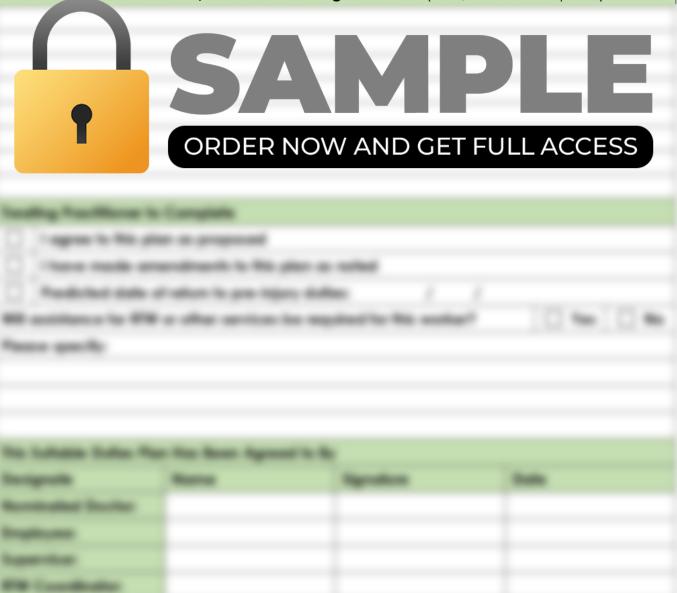


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Planned or Proposed – Hours per day / Days per Week (does not include breaks, appointments or physical rehabilitation)

	Mon	Tues	Wed	Thurs	Friday	Sat	Sun	Total Hrs.
Week 1								
Week 2								
Week 3								
Week 4								

Medical Recommendations/Other Safe Working Guidelines (Add/delete as required)



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