

## Summary of work ability support measures carried out by occupational health care

### Instructions for filling in the form

An occupational health care professional or specialist fills in the form during an appointment.

Please also review the “Professional competence” form completed by the employee during the appointment.

Person's name

Date of birth

For which periods are there health records available (starting from date/month/year)

Sickness absence days during the past year

Number of visits to occupational health care during the past year

## Support measures implemented by occupational health care or as occupational health co-operation

Has the person had occupational health care appointments related to supporting work ability or return to work?

Select who with. You can also provide more detail in the matter below.

- Occupational health physician
- Occupational health nurse
- Occupational physiotherapist
- Occupational psychologist
- Social welfare specialist
- Other, such as work ability co-ordinator or work coach

Have there been occupational health negotiations? What was agreed and was the plan implemented?

Yes

No

### Workplace and work-related support measures

Have other temporary or permanent changes been carried out related to areas such as working time, work tasks, work environment, technology, assistive devices, provision of assistance, remote work or commuting?



## Rehabilitation

### 1. Medical rehabilitation

a) Has the person received medical rehabilitation?

Yes

No

b) If yes, select the type of rehabilitation and enter the year when the medical rehabilitation took place.

Counselling

Physiotherapy

Psychotherapy

Occupational therapy

Institutional rehabilitation period

Adaptation training

c) Describe the content of medical rehabilitation in more detail here. Is there any currently on-going medical rehabilitation? Which?

### 2. Vocational rehabilitation

a) Has the person received vocational rehabilitation supported by Kela (e.g. Kiila, formerly Aslak, TYK)? Which and when?

Yes

No

b) Has the person had a work trial referred by occupational health care, pension insurance institution or accident insurance company?  
Also include the dates of the work trial, the tasks it involved, and how it went.

Yes

No

c) Has the person been in other vocational rehabilitation, such as retraining or job coaching? Also write down which one, when it occurred and how it went. Did the retraining lead to finding employment in a new position or occupation?

d) Is there any currently on-going vocational rehabilitation? Which?



### 3. Other rehabilitation

a) Describe which other rehabilitation (such as substance abuse rehabilitation) the person has participated in and when.

## Summary and recommendations

Occupational health services' view of work ability limitations and prognosis. Does the person's disability or chronic illness significantly reduce his/her employment opportunities?

Requested/planned treatment and rehabilitation measures (plan, estimate of schedule).

Recommendations for further investigation, work ability support measures, follow-up, support visits (what, where?) Does the person need special support in finding employment?

Date

Signature and name in block letters

Occupational health care unit and contact details

### Distribution

The person submits the summary themselves, or occupational health care provides with the person's written consent. If needed, use [Kela's form Y 100](#) to express consent.

The form is sent to:

- Work ability support or a similar service of the social welfare and healthcare centre
- An employment management specialist



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