

Appendix

Checklist for Medical Regulatory Authorities

The following checklist is a sample for medical regulatory authorities to use that meets the principles and recommendations listed in the Health Conditions and Assessing Fitness to Practice document:

1. DEMOGRAPHIC INFORMATION

a) Name: FIRST _____ LAST _____

b) Address

2. CURRENT OCCUPATION

a) What is the physician's formal discipline or disciplines of practice:

b) What is the physician's current scope of practice?

c) Practise Setting

Describe the physician's practise setting (circle as many that may apply):

- *urban or rural*
- *group or solo*
- *team setting*
- *institution (including hospital or non-hospital)*

What duties and tasks were completed on their last five days of work:	
Day 1	
Day 2	
Day 3	
Day 4	
Day 5	

Other duties and tasks the physician performs regularly but less frequently:

Appendix

Yes = significantly impacts work

No = does not significantly impact work

Maybe = may significantly impact work

Body Functions	Evidence of issue			Capacity/ performance issues	Practise conditions/ accommodations	Monitoring
	Yes	No	Maybe			
1. Mental						
2. Sensory						
3. Pain						
4. voice and speech						
5. Digestive, Metabolic and Endocrine Systems						
6. Skin and related structures						
7. Other body functions						
Body Structures	Evidence of issue			Capacity/performance issues	Practise conditions/ accommodations	Monitoring
	Yes	No	Maybe			
1. Structure of the nervous system						
2. Structures related to the eye, ear and related structures						
3. Structures involved in voice and speech						
4. Structures related to the cardiovascular, immunological, and respiratory system						
5. The digestive, metabolism and endocrine system						
6. Structures related to the genitourinary and reproductive system						
7. Structures related to movement						
8. Skin and other related structures						
9. Other body structures						
Activities and Limitations	Evidence of issue			Capacity/performance issues	Practise conditions/ accommodations	Monitoring
	Yes	No	Maybe			
1. Learning and applying knowledge						
2. General tasks and demands						
3. Communication with patients. Families and colleagues						
4. Mobility and posture						
5. Other activity and participation						

OTHER CONTEXTUAL INFORMATION example Practice Setting

1. Please use this area to expand on how the activity was limited and what the disability was, in functional terms.

2. Include any **Personal Factors** as they impact on functioning (e.g., lifestyle, habits, social background, education, life events, race/ethnicity, sexual orientation and assets of the individual).