

## RETURN TO WORK FORM

Patient's Name (last, first, middle initial)	Date of Injury																																
Employer Name & Address																																	
Nature of Injury																																	
<b>TO BE COMPLETED BY MEDICAL REPRESENTATIVE</b>																																	
I saw and treated this patient on _____ and based on the nature of the injury/illness																																	
1) <input type="checkbox"/> Patient is fully capable to perform all assigned duties with no restrictions or limitations 2) <input type="checkbox"/> I recommend the employee return to work with no limitations or restrictions on _____ 3) <input type="checkbox"/> The employee may return to work capable of performing duties limited to the degree of work checked below																																	
<b>DEGREE</b>	<b>LIMITATIONS</b>																																
<input type="checkbox"/> <i>Sedentary Work</i> Lifting 10 pounds maximum and occasionally lifting and/or carrying such articles as docket, ledgers, and small tools. Although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met.	1. In a typical work day, patient may a. Stand/Walk <input type="checkbox"/> None <input type="checkbox"/> 1-4 Hrs <input type="checkbox"/> 6-8 Hrs <input type="checkbox"/> Unlimited b. Sit <input type="checkbox"/> None <input type="checkbox"/> 1-4 Hrs <input type="checkbox"/> 6-8 Hrs <input type="checkbox"/> Unlimited c. Drive <input type="checkbox"/> None <input type="checkbox"/> 1-4 Hrs <input type="checkbox"/> 6-8 Hrs <input type="checkbox"/> Unlimited																																
<input type="checkbox"/> <i>Light Work</i> Lifting 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds. Even though the weight lifted may be only a negligible amount, a job is in this category when it requires walking or standing to a significant degree or when it involves sitting most of the time with a degree or pushing and pulling of arm and/or leg controls.	2. Patient may use hands for repetitive tasks: <input type="checkbox"/> Simple Grasping <input type="checkbox"/> Fine Manipulation <input type="checkbox"/> Pushing/Pulling																																
<input type="checkbox"/> <i>Medium Work</i> Lifting 50 pounds maximum with frequent lifting and/or carrying of objects weighing up to 25 pounds.	3. Patient may use feet for repetitive movement as in operating foot controls: <input type="checkbox"/> Yes <input type="checkbox"/> No																																
<input type="checkbox"/> <i>Heavy Work</i> Lifting 100 pounds maximum with frequent lifting and/or carrying of objects weighing up to 50 pounds.	4. Patient is able to: <table style="margin-left: 20px; border: none;"> <tr> <td></td> <td style="text-align: center;">Frequently</td> <td style="text-align: center;">Occasionally</td> <td style="text-align: center;">Unable</td> </tr> <tr> <td>a. Bend</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>b. Squat</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>c. Climb</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>d. Reach</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>e. Twist Body</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>f. Carry</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>g. Lift</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Frequently	Occasionally	Unable	a. Bend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Squat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Climb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Reach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. Twist Body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f. Carry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g. Lift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Frequently	Occasionally	Unable																														
a. Bend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																														
b. Squat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																														
c. Climb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																														
d. Reach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																														
e. Twist Body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																														
f. Carry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																														
g. Lift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																														
Other Instructions and/or Limitations:																																	
4) These restrictions remain in effect until _____ or until patient is reevaluated on _____ 5) This employee is totally incapacitated at this time and will be reevaluated on _____																																	
Medical Representative's Name	Telephone Number																																
Medical Representative's Signature	Date																																
<b>AUTHORIZATION TO RELEASE INFORMATION</b>																																	
I hereby authorize my attending physician and/or hospital to release the above information or copies thereof acquired in the course of my examination or treatment for the injury identified above to my employer or their representative.																																	
Patient's Signature	Date																																