

DOCTOR'S RELEASE FOR WORK

EMPLOYEE NAME:	CLAIM NUMBER:
Diagnosis:	Date of injury:

RETURN TO WORK STATUS	
<input type="checkbox"/> May return to regular work (date):	<input type="checkbox"/> May not return to work until (estimated date):
<input type="checkbox"/> May return to transitional work (date):	Estimated duration of transitional work:

PHYSICAL LIMITATIONS: I certify the employee can perform duties within the capabilities defined as follows.
<input type="checkbox"/> Without any restrictions.

NOTE: In terms of an 8-hour workday, "Occasionally" equals 1-33%, "Frequently" equals 34-66%, "Continuously" equals 67-100%

CAPABILITIES	never	occas.	freq.	contin.	LIFTING/CARRYING	never	occas.	freq.	contin.
Bend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0-5 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Squat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6-10 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11-20 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach above shoulders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21-25 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26-50 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stoop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51-100 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climb stairs/steps/stools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Repeated push/pull	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climb ladders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Repeated simple grasp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk on uneven ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Repeated fine manip.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RESTRICTIONS OF ACTIVITIES	none	mild	moderate	total	comments
Unprotected heights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Moving machinery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Temperature/Humidity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Automotive equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dust, fumes, gases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

IN AN 8-HOUR WORKDAY, WORKER CAN: (CHECK FULL CAPACITY FOR EACH ACTIVITY)																					
TOTAL AT ONE TIME (hours)											TOTAL DURING ENTIRE 8-HOUR DAY (hours)										
Hours:	0	1/2	1	2	3	4	5	6	7	8	Hours:	0	1/2	1	2	3	4	5	6	7	8
Sit	<input type="checkbox"/>	Sit	<input type="checkbox"/>																		
Stand	<input type="checkbox"/>	Stand	<input type="checkbox"/>																		
Walk	<input type="checkbox"/>	Walk	<input type="checkbox"/>																		

<input type="checkbox"/> Job tasks have been explained to me by (name/title):	Date:
<input type="checkbox"/> I have received a written list of job tasks.	
<input type="checkbox"/> I have NOT received a written list of job tasks, but I agree that duties may be assigned and/or changed, so long as they match the limits defined by me above. <input type="checkbox"/> No <input type="checkbox"/> Yes	

PROGNOSIS	
Permanent Restrictions Likely? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown at this time	Medically Stationary? <input type="checkbox"/> No <input type="checkbox"/> Yes, date:
Physician Name (PRINT):	Phone:
Signature:	Date: