PHYSICIAN'S RELEASE TO RETURN TO WORK FORM

Employee/a Names			Data		
Employee's Name:		Date:			
Physician's Name:		Telephone #:			
To be completed by Physician					
After reviewing the attached job description and the specific tasks within the job description please complete either (A) or (B) as appropriate and sign and date below.					
(A) The above named employee has been released by the above named physician to return to <u>Full Duty</u> as of(Date) with NO RESTRICTIONS.					
(B) The above named employee has been released by the above named physician to Return to Work on(Date) WITH THE FOLLOWING RESTRICTIONS through(Date):					
Check applicable boxes and provide limitations/restrictions.					
☐ Lifting (Max weight in lbs)lbs.		□ Walking		hours per day	
☐ Repetitive Lifting	lbs.	☐ Standing _		ırs per day	
Carrying lbs.	lha	☐ Sitting _		irs per day	
☐ Pushing/pulling ☐ Pinching/Gripping	_lbs. lbs.	☐ Crawling ☐ Kneeling		urs per day	
☐ Reaching over head	IDS.			urs per day	
☐ Reaching over flead ☐ Reaching away from body				hours per day hours per day	
□ Repetitive Motion Restrictions: □ Other Restrictions:					
These limitations/restrictions are: Temporary limitations/restrictions Temporary limitations/restrictions/restrictions/restrictions/restrictions/restrict					
□ Permanent limitations/restrictions					
IF THE ABOVE RESTRICTION CONSTITUTE MODIFIED DUTY AND SUCH DUTY IS NOT AVAILABLE, IT IS ASSUMED THAT THE EMPLOYEE WILL BE SENT HOME RATHER THAN RETURN TO WORK. My signature indicates that I have read and understand the employee's job description and the listed tasks within the job description and that my findings are based on my medical assessment of this employee's physical capabilities as compared to the essential functions of the job.					
Physician's Name (Please Print):					
Physician's Signature:			Date:		
I AGREE THAT: I will follow through with all of the restrictions listed above. I will notify my supervisor of any departure from these restrictions.					
Employee's Signature:			Date:		