

**WORK RELEASE/RESTRICTION FORM**

**Please include any restrictions due to medications when completing this form**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Worker’s Name:  General Info | | Visit Date: | | | | Employee Job Title: | | | | |
| Health-Care Provider’s Name (printed): | | Start of Restrictions:  End of Restrictions: | | | | Diagnosis:  Date of Onset: | | | | |
| Worker is released to his/her job without restrictions as of (date) \_\_\_/\_\_\_/\_\_\_ Skip to Status section below  Released for Work? | | | | | | | | | | |
| *Worker may perform modified duty from (date): \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_*  List safety concerns  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Worker may work \_\_\_ hours/day from (date): \_\_\_/\_\_\_/\_\_\_\_ to \_\_\_/\_\_\_/\_\_\_*  *Worker unable to work in any capacity from (date):\_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_*  *Prognosis poor for return to work at the job of injury at any date* | | | | | | | | |
| Worker can: | Never | | Seldom  0-1 hours | Occasional  1-3 hours | Frequent  3-6 hours | | Constant | Temporary  until (date) | | Indefinite |
| Sit |  | |  |  |  | |  |  | |  |
| Drive |  | |  |  |  | |  |  | |  |
| Stand/Walk |  | |  |  |  | |  |  | |  |
| Climb (ladder/stairs) |  | |  |  |  | |  |  | |  |
| Twist |  | |  |  |  | |  |  | |  |
| Bend/Stoop |  | |  |  |  | |  |  | |  |
| Squat/Kneel |  | |  |  |  | |  |  | |  |
| Crawl |  | |  |  |  | |  |  | |  |
| Reach Left, Right, Both |  | |  |  |  | |  |  | |  |
| Work over shoulders L,R,B |  | |  |  |  | |  |  | |  |
| Keyboard L,R,B |  | |  |  |  | |  |  | |  |
| Flex/extend wrist |  | |  |  |  | |  |  | |  |
| Grasp (forceful) L,R,B  Estimate what the worker can do if not fully released  *Check at least one* |  | |  |  |  | |  |  | |  |
| Fine manipulate L,R,B |  | |  |  |  | |  |  | |  |
| Do simple grasping L, R,B |  | |  |  |  | |  |  | |  |
| Use foot controls L,R,B |  | |  |  |  | |  |  | |  |
| Vibratory tasks: high impact |  | |  |  |  | |  |  | |  |
| Vibratory tasks: low impact |  | |  |  |  | |  |  | |  |
| Be exposed to heights |  | |  |  |  | |  |  | |  |
| Be around moving machinery |  | |  |  |  | |  |  | |  |
| Temp/Humidity changes |  | |  |  |  | |  |  | |  |
| Dust/Fume/Gas exposure |  | |  |  |  | |  |  | |  |
| Stay alert |  | |  |  |  | |  |  | |  |
| Rapidly problem solve/decide |  | |  |  |  | |  |  | |  |
| Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | |  |  |  | |  |  | |  |
| Lift/Carry/Push | Never | | Seldom | Occasional | Frequent | | Constant |  | |  |
| Example | 50 lbs | | 20 lbs | 10 lbs | 0 lbs | | 0 lbs |  | |  |
| Lift **L, R, B** |  | |  |  |  | |  |  | |  |
| Carry **L, R, B** |  | |  |  |  | |  |  | |  |
| Push/Pull **L, R, B** |  | |  |  |  | |  |  | |  |
| Worker progress: Appointment Details:  Status  As expected/better than expected  Next scheduled visit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Slower than expected. Address in chart notes  Job description reviewed  Job Analysis reviewed  Treatment concluded, Max. Medical Improvement  Did not receive Job description or analysis  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surgery:  Not indicated  Possible  Planned | | | | | | | | | | | |

Signature: (Required) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone : \_\_\_ \_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  copy to worker

Sign & Fax

**Faxing instructions for Puget Sound Energy:**

No restrictions, fax to MetLife 800-230-9531 With restrictions fax to Solutions Northwest 360-866-4773

0215JH

Plans

*Check at least one*