

**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 | Seldom0-1 hours | Occasional1-3 hours | Frequent3-6 hours | Constant | Temporaryuntil (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,BEstimate 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*