

RELEASE TO RETURN TO WORK



Name of employee	WC Claim number
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Please complete the following information and return with the injured employee.

1. Is the employee medically stationary? Yes Date _____
 No Next scheduled appointment date _____

2. Employee is released to:
- full duty without restrictions Date _____ **(*If employee is released to full unrestricted duties do not complete lines 3 through 11. Sign below.)**
- modified duty from (date) _____ through (date) _____ (specify limitations below.)
- modified hours — specify _____ from (date) _____ through (date) _____

	Hours:	No limitations	1	2	3	4	5	6	7	8
3. In an eight-hour workday, employee can stand/walk a total of _____		<input type="checkbox"/>								
4. At one time, employee can stand/walk _____		<input type="checkbox"/>								
5. In an eight-hour workday, employee can sit a total of _____		<input type="checkbox"/>								
6. At one time, employee can sit _____		<input type="checkbox"/>								

7. The employee is released to return to work in the following range for lifting, carrying, pushing/pulling:

Pounds	<10	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	100	>100	
Occasionally	<input type="checkbox"/>																					
Frequently	<input type="checkbox"/>																					

8. Employee can use hands for repetitive:
- | | | | |
|------------------------|--|--|---|
| | Right | Left | |
| a. Fine manipulation | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | Dominant hand
<input type="checkbox"/> Right <input type="checkbox"/> Left |
| b. Pushing and pulling | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| c. Simple grasping | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| d. Keyboarding | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Employee can use feet for repetitive raising and pushing (as in operating foot controls): Yes No

10. Employee is able to:

	Continuous 67-100% of the day	Frequently 34-66% of the day	Occasionally 6-33% of the day	Intermittently 1-5% of the day	Not at all
a. Stoop/bend -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Crouch -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Crawl -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Kneel -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Twist -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Climb -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Balance -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Reach -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Push/pull -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Other functional limitations or modifications necessary in employee's employment:

Additional comments may be written on back of form.

Signature of physician	Physician's typed name	Date
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