**RETURN TO WORK EVALUATION FORM**

Patient: Date of Injury:

Employer: Claim No.:

Dear Dr. **[INSERT PHYSICIANS NAME]**:

Because we care about the health and well being of our employees we have an early Return to Work Program in place, as such we have temporary modified duty positions available for our employees.

Please help us help our employees by responding to the following:

Is the injured employee released to work without any restrictions? Yes No

**If NO:** Is the injured employee released with temporary restrictions? Yes No

**If YES:** Please use the attached page to describe the physical restrictions.

Date of next scheduled appointment:

Date anticipated for Maximum Medical Improvement (MMI):

**Physician Signature:**  **Date:**

Thank you for completing this information request.

Please complete and return both forms by fax to: **[INSERT FAX NUMBER]** as soon as possible.

# Physical Restriction for Modified Duty Position

Injured Employee Name: Claim No.:

**Please identify the number of hours the employee may perform the following activities by placing an “X” in the appropriate box.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Activity | **NO MORE THAN 0 TO 1 HOUR AT ONE TIME** | **NO MORE THAN 1 TO 3 HOURS AT ONE TIME** | **NO MORE THAN 3 TO 6 HOURS AT ONE TIME** | **NO MORE THAN 6 TO 8 HOURS AT ONE TIME** |
| Sitting |  |  |  |  |
| Standing |  |  |  |  |
| Walking (even) |  |  |  |  |
| Walking (uneven) |  |  |  |  |
| Driving |  |  |  |  |

**Please identify the specific amount of weight for the following functions by placing an “X” in the appropriate box.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FUNCTION** | **1 TO 10 LBS.** | **11 TO 19 LBS.** | **20 TO 49 LBS.** | **50 TO 75 LBS.** | **76 TO 100 LBS.** |
| Lift |  |  |  |  |  |
| Carry |  |  |  |  |  |
| Push |  |  |  |  |  |
| Pull |  |  |  |  |  |

**Please note any specific restrictions applicable to this employee’s duties.**

|  |  |
| --- | --- |
| **RESTRICTED ACTIVITY** | **COMMENTS** |
| Climbing |  |
| Using Legs/Feet |  |
| Using Hands |  |
| Reaching |  |
| Kneeling/Squatting Bending/Twisting |  |