CITY ADMINISTRATION
387 NE Third Street – Prineville, OR 97754
541.447.5627 ext. 1117 ph 541-447-5628 fax

To: Attending Physician

Subject: City of Prineville's Return-To-Work Program

Dear Doctor:

The City of Prineville cares about its staff. We want each and every one of our employees, with a legitimate work-related illness or injury, to receive all necessary medical care. We also want to provide all of the help needed to return employees to work and continue their careers with the City of Prineville.

The City provides modified work assignments for its injured employees. As part of the program, the City pays injured workers their regular pay rates while on modified assignments.

Please review and complete the enclosed Physician's Release for Work/Report of Medical Restrictions form at the time of the appointment. Return the completed form to the employee. They can return it to their supervisor. We will make every attempt to provide modified work to meet the employee's current and changing capacities.

If you have any questions, please feel free to call me at 541-447-2366. Thank you for your assistance.

Sincerely,

Darla Rhoden
Human Resource Manager
drhoden@cityofprineville.com

Attending Physician's Release for Duty/Report of Medical Restrictions

Name of Worker:___________________________ Date:______________

Date of Injury:_____________________________

Worker is released to:

☐ Regular work without restrictions Effective Date:____________

☐ Not released for work Effective Date:____________

☐ Modified work with restrictions Effective Date:____________

Physician's Restrictions

☐ Check here if no restrictions

1. ____
2. ____
3. ____
4. ____
5. ____

Limitations on Work Activity

(Total hours in 8-12 hour work day)

Sitting:_________ hours Standing:__________hours

Walking:________hours Driving:__________hours

Restrictions are in effect until (date)_______________or next appointment on (date)_________

Physician's Name (please print):_____________________________ Phone Number ____________

Physician's Signature: ____