



RETURN-TO-WORK STATUS

Worker's name: _____
 Next Scheduled Appointment Date: _____

Claim number (if known): _____
 Employee's Position: _____

Is the worker expected to materially improve from medical treatment or the passage of time? Yes No

WORK STATUS *(Select one option)*

- OPTION 1 – Released to Regular Work** Status from (date): _____
 Released to the *hours routinely worked and tasks routinely performed in the job held at the time of injury.*
- OPTION 2 – Not Released to Work** Status from (date): _____ to: _____
 The worker is *not capable of performing any work activities.*
- OPTION 3 – Released to Modified Work** Status from (date): _____ to: _____
 Released to work, *subject to the following work restrictions (note only those that are applicable):*

Total work hours: _____ hours/day

Lift/carry/push/pull restrictions

	One-time		≤ 1/3 of workday		1/3-2/3 of workday		≥ 2/3 of workday		Duration			
Lift:		pounds		pounds		pounds		pounds		hrs./day		hrs./one time
Carry:		pounds		pounds		pounds		pounds		hrs./day		hrs./one time
Push:		pounds		pounds		pounds		pounds		hrs./day		hrs./one time
Pull:		pounds		pounds		pounds		pounds		hrs./day		hrs./one time

Activity restrictions

Stand:		hrs./day		hrs./one time	Twist:		hrs./day		hrs./one time	Crawl:		hrs./day		hrs./one time
Walk:		hrs./day		hrs./one time	Climb:		hrs./day		hrs./one time	Crouch:		hrs./day		hrs./one time
Sit:		hrs./day		hrs./one time	Bend:		hrs./day		hrs./one time	Balance:		hrs./day		hrs./one time
Drive:		hrs./day		hrs./one time	Above-shoulder-reach:		hrs./day		hrs./one time	Below-shoulder-reach:		hrs./day		hrs./one time
Kneel:		hrs./day		hrs./one time										

Hand use restrictions

Fine actions:		hrs./day L hand		hrs./day R hand
Keyboarding:		hrs./day L hand		hrs./day R hand
Grasp:		hrs./day L hand		hrs./day R hand

Foot use restrictions

Raise:		hrs./day L foot		hrs./day R foot
Push:		hrs./day L foot		hrs./day R foot

Notes / other restrictions:

Medical provider's
signature: _____

Date: _____

Print medical provider's
name: _____

Phone no.: _____