# Attending Physician Return to Work Recommendations Record

<table>
<thead>
<tr>
<th>Patient Name (First)</th>
<th>(MI)</th>
<th>(Last)</th>
<th>Date of Injury/Illness</th>
</tr>
</thead>
</table>

## To Be Completed by Attending Physician—Please Check

**Diagnosis/Condition (Brief Explanation):**

I saw and treated this patient on ___________ and based on the above description of the patient's current medical problem:

(date)

1. ☐ Recommend his/her return to work with no limitations on

2. ☐ He/She may return to work on ___________ capable of performing the degree of work checked below with the following limitations:

   - ☐ Sedentary work: Lifting 10 pounds maximum and occasionally lifting and/or carrying such articles as small tools, papers, etc. Although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary to carry out job duties. Jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met.

   - ☐ Light work: Lifting 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds. Even though the weight lifted may only be a negligible amount, a job in this category may require walking or standing to a significant degree or sitting most of the time with a degree of pushing and pulling of arm and/or leg controls.

   - ☐ Light Medium work: Lifting 30 pounds maximum with frequent lifting and/or carrying of objects weighing up to 20 pounds.

   - ☐ Medium work: Lifting 50 pounds maximum with frequent lifting and/or carrying of objects weighing up to 25 pounds.

   - ☐ Medium Heavy work: Lifting 75-80 pounds maximum with frequent lifting and/or carrying of objects weighing up to 40 pounds.

   - ☐ Heavy work: Lifting 100 pounds maximum with frequent lifting and/or carrying of objects weighing up to 50 pounds.

   - ☐ Driving Restrictions (Note Them Here):

In an 8 hour work day, the patient may:

- Stand/Walk:   □ None □ 1-4 hours □ 4-6 hours □ 6-8 hours
- Sit: □ 1-3 hours □ 3-5 hours □ 5-8 hours
- Drive: □ 1-3 hours □ 3-5 hours □ 5-8 hours
- Use hands (g) for repetitive: □ grasping □ pushing/pulling □ fine manipulation
- Patient may use feet/feet for repetitive motion as in operating foot controls: □ Yes □ No

Patient is able to:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Frequently +66%</th>
<th>Occasionally 33%-0</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bend</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Squat</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Climb</td>
<td>□</td>
<td>□</td>
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<tr>
<td>Twist</td>
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<tr>
<td>Reach</td>
<td>□</td>
<td>□</td>
<td>□</td>
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</tbody>
</table>

Other instructions and/or limitations including prescribed medications:

These restrictions are in effect until □ or until the patient is re-evaluated on  

(physician signature) Date

3. ☐ He/She is totally incapacitated at this time. Patient will be re-evaluated on ___________  

(physician signature) Date