

**Employee Instructions:** Return this form to your supervisor/manager immediately after each visit to your health care provider.

|  |  |
| --- | --- |
| **To:** | **Re:** |
| Examining Health Care Provider | Name of Insured Employee |
| **From:** |  |
| Name of Organization | Social Security Number |

It is our desire to assist our employee and your patient to return to work as soon as possible and to assist him/her in performing essential job functions at this organization. The information you provide on this form is vital to us regarding the following:

1. The employee’s working without risk of further injury;
2. Provision of a temporary duty assignment if necessary that meets the employee’s needs and the needs of the organization; and
3. Provision of any temporary reasonable accommodations to aid the employee in performing his/her duties. If you have any questions regarding the information requested on this form, please contact me.

|  |  |  |
| --- | --- | --- |
| Name and Title |  | Phone Number |

**To Be Completed By Physician**

**(See the next page for physical requirements of the employee’s duties.)**

The injured employee’s medical condition resulting from this worker’s compensation injury will allow the employee

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Duty** (without restrictions): | | | |
|  |  |  | Beginning Date |
| **Temporary Assignment** (modified or alternate duty): | | | |
|  |  |  | Beginning Date |
| Estimated length of temporary Assignment: | | | |
| Full-time |  | Part-time hou | rs per day |
| (Please indicate restrictions to duty on the next page.) | | | |
| **Off Work** until re-evaluated, beginning date: | | | |
| Date of next office visit: | | | |
| Physician's Name (Printed) |  | Physician's Signature | Date |





**Medical Provider Instructions:** The physical requirements below marked with an **X** are those required of the employee in performance of his/her duties. Please mark the indicated column with a response of Yes”if the employee can accomplish that specific task.

\***Duty and Essential**—Supervisor/Manager indicates applicable duties with an **X**.

\***Yes or No**—Marked by Health Care Provider for each duty indicated by Supervisor/Manager.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Duty** | **Essential** | **Requirements** | **Yes** | **No** |  | **Duty** | **Essential** | **Requirements** | **Yes** | **No** |
|  |  | Lifting 51 lbs. and up |  |  |  |  |  | Simple grasping |  |  |
|  |  | Lifting 26-50 lbs. |  |  |  |  |  | Power grasping |  |  |
|  |  | Lifting up to 25 lbs. |  |  |  |  |  | Simultaneous grasping |  |  |
|  |  | Carrying 51 lbs. & up |  |  |  |  |  | Squeezing |  |  |
|  |  | Carrying 26-50 lbs. |  |  |  |  |  | Driving motor vehicle |  |  |
|  |  | Carrying up to 25 lbs. |  |  |  |  |  | Operating mechanical equipment |  |  |
|  |  | Bending |  |  |  |  |  | Type: | | |
|  |  | Stooping |  |  |  |  |  | Operating office equipment |  |  |
|  |  | Kneeling |  |  |  |  |  | Type: | | |
|  |  | Crawling |  |  |  |  |  | Speaking |  |  |
|  |  | Standing |  |  |  |  |  | Hearing |  |  |
|  |  | Squatting |  |  |  |  |  | Ability to type |  |  |
|  |  | Climbing stairs |  |  |  |  |  | Ability to see |  |  |
|  |  | Climbing ladders |  |  |  |  |  | Depth perception needed |  |  |
|  |  | Twisting |  |  |  |  |  | Ability to write |  |  |
|  |  | Pulling |  |  |  |  |  | Ability to read |  |  |
|  |  | Pulling hand over hand |  |  |  |  |  | Vibration |  |  |
|  |  | Pushing |  |  |  |  |  | Noise |  |  |
|  |  | Sitting |  |  |  |  |  | Extreme heat |  |  |
|  |  | Walking |  |  |  |  |  | Extreme cold |  |  |
|  |  | Work on elevated surface |  |  |  |  |  | Wet and/or humid |  |  |
|  |  | Work on uneven ground |  |  |  |  |  | Chemicals |  |  |
|  |  | Work at low position |  |  |  |  |  |  |  |  |
|  |  | Reach above shoulders |  |  |  |  |  |  |  |  |
|  |  | Reach below shoulders |  |  |  |  |  |  |  |  |
|  |  | Must be able to intervene with individuals in combative or aggressive situations in an emergency. | | | | | | |  |  |
|  |  | Must be able to perform Cardiovascular Pulmonary Resuscitation (CPR) in an emergency. | | | | | | |  |  |
|  |  | Other specified by Supervisor/Manager | | | | | | |  |  |

Please specify any additional restrictions to duty:

(10.15.12)

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