

MEDICAL RELEASE TO TRANSITIONAL DUTY

INSTRUCTIONS: Injured employee should take this form to the treating Physician when medical care is initially accessed for a work place injury/illness. Employee should take a new form for any/all subsequent follow-up medical appointment. Completed forms should be returned to the Employer Representative within one working day of any medical appointment.

Employee Name:	Claim #
Employer:	DOI:
Return to Work Specialist:	Phone:
Return to Work Specialist Fax:	

PHYSICIAN: Please indicate employee's current work abilities for return to either Regular Work or Transitional Work Duty.

Frequency Definitions

Never: Not done
 Rare: Less than 1% of shift; 1-5 x/work shift.
 Occasional: 1-33% of shift; up to 2.5 hours
 Frequent: 34-66% of shift; up to 5.0 hours
 Continuous: 67-100% of shift; up to 8.0 hours

Postural Work Positions:

POSTURE/ FREQUENCY	Never	Rare	Occas	Freq	Cont
Sitting					
Standing					
Walking					
Driving					

LIFT	N	R	OCC	FREQ	CONT	Body Acti ons	N	R	OCC	FREQ	CONT
# of hours	0	<. 5	1-2. 5	2. 6-5	5. 1-8	# of hours	0	<. 5	1-2. 5	2. 6-5	5. 1-8
1 to 10 lbs						Bend					
11 to 20 lbs						Twist					
21 to 50 lbs						Crouch					
51 to 75 lbs						Kneel					
76 to 100 lbs						Crawl					
CARRY	N	R	OCC	FREQ	CONT	Climb Stairs					
1 to 10 lbs						Climb Ladder					
11 to 20 lbs						Reach Forward					
21 to 50 lbs						Reach Above Shoulder					
51 to 75 lbs						Use of Arms					
76 to 100 lbs						Use of Wrists					
PUSH/PULL	N	R	OCC	FREQ	CONT	Use of Hands					
1 to 10 lbs						Squeezing					
11 to 20 lbs						Operate Foot Control					
21 to 50 lbs						Other:					
51 to 75 lbs						Comments:					
76 to 100 lbs											

MEDICAL RETURN TO WORK RELEASE

PHYSICIAN SECTION

Dear Physician:

We would like to return our employee to work and we need your assistance to insure the safety of our employee, our employee's co-workers and the public. Please complete the following questions about our employee's ability to return to either his or her regular work or a transitional duty job.

1. Can employee return to his/her Regular Work? A copy of employer's regular work job description is attached.

Yes, employee can return to regular work.

Date employee released to regular work: _____

No, employee cannot return to regular work.

2. If employee cannot return to regular work, can he/she perform some lighter work in a transitional duty position?

Yes, employee can perform lighter work as outlined on the attached "Medical Release to Transitional Duty."

No, employee cannot perform any work.

3. Is employee's commute to/from work within his/her physical capability?

Yes, employee can commute to work.

No, employee cannot commute to work.

4. Employee will return for a follow-up appointment on _____ (date).

Physician Signature

Date

Thank you for your time and medical attention to our employee.
Please contact the Return to Work Specialist _____ at phone number _____ if you have any questions.

FAX TO: _____