



## RETURN TO WORK WORK RELEASE /MODIFIED DUTY FORM

Employee Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

### INSTRUCTIONS AND REQUIREMENTS

1. Physician completes Section A. & Section B., if Transitional Work is applicable. If there are restrictions, this information must be provided **within 48 hours prior to returning to work**. (Restrictions can be faxed to directly to HR from the medical provider.) **HR Fax: 708-293-2354**
2. Employee brings the completed form to Human Resources. HR will communicate with supervisor.
3. Supervisor signs and forwards completed form to Human Resources for final processing and documentation.
4. Human Resources will monitor employee's status and provide updates to immediate supervisor.

#### Section A. Return-to-Work Status – Completed by Physician

Illness or injury (not work related)       Chronic Health Condition       Work place injury/Worker's Compensation

Return to "**Full Duty**" (Employee can return to work in their regular working role with no restrictions)       Unable to Work

Return to "**Transitional Work**" (Employee can return to work with modifications). Transitional Work may begin \_\_\_\_\_

**\*Section B. to be completed only if there are restrictions.**      **Next. Appointment** \_\_\_\_\_

Physician Name (printed) \_\_\_\_\_ Phone Number: \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date: \_\_\_\_\_

Please complete the following items based on your estimated clinical evaluation of this employee's functional capacity. See attached job description and physical demands analysis. **(Check appropriate boxes for each activity.)**

*Section B.		Occasional	Frequent	Continuously	Never
Minutes/total time per work day: _____		30 mins. to 2.5 hrs/day	2.5 to 5.25 hours/day	More than 5.25 hours/day	0%
Lifting	0-10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	11-20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	21-50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pushing/Pulling	0-10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	11-20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	21-50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bending/Stooping (at waist)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crouching		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing (ladder/steps)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneeling		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twisting		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grasping		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching Forward		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Squat/Crouch		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overhead work		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Supervisor completes this section:

Can employee's restrictions be accommodated:  Yes  No

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources

\_\_\_\_\_  
Date