

Return form to:

# RETURN-TO-WORK STATUS

Worker's name: \_\_\_\_\_ Claim number (if known): \_\_\_\_\_

Next scheduled appointment date: \_\_\_\_\_

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

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

### Activity restrictions

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

### Hand use restrictions

<b>Fine actions:</b>	_____ hrs./day L hand	_____ hrs./day R hand
<b>Keyboarding:</b>	_____ hrs./day L hand	_____ hrs./day R hand
<b>Grasp:</b>	_____ hrs./day L hand	_____ hrs./day R hand

### Foot use restrictions

<b>Raise:</b>	_____ hrs./day L foot	_____ hrs./day R foot
<b>Push:</b>	_____ hrs./day L foot	_____ hrs./day R foot

**Notes / other restrictions:** \_\_\_\_\_

Medical provider's signature: \_\_\_\_\_

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

Print medical provider's name: \_\_\_\_\_

Phone no.: \_\_\_\_\_