

**Return to Work Release  
and Work Ability**

**Employee Name:** \_\_\_\_\_

**Return to Work**

Return to work with **no limitations** on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Return to work **with limitations** on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (note limitations below)

**Employee's Capabilities**

	Not at all	Occasional 0-33%	Frequent 34-66%	Continuous 67-100%	
<b>Lift/Carry</b>					<b>Restrictions (circle)</b>
0-9 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10-19 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20-29 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30-39 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40-49 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No lifting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Push/Pull without resistance</b>					Keyboarding / hrs <b>0</b> <b>1 - 2</b> <b>3 - 4</b> <b>5 - 6</b> <b>7+</b>
0-19 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20-40 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
> 40 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Bend</b>					Writing / hrs <b>0</b> <b>1 - 2</b> <b>3 - 4</b> <b>5 - 6</b> <b>7+</b>
Twist/turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Kneel/squat</b>					<b>Change positions every:</b>
Sit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Stand/walk</b>					<input type="checkbox"/> As needed
Ladder/stair climb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Half hour
<b>Hand, wrist, and shoulder activities</b>					<input type="checkbox"/> One hour
<i>Avoid prolonged, repetitive, or forceful:</i>					<input type="checkbox"/> Two hours
Gripping/grasping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Worksite stretches
Repetitive wrist motion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Exercises
<b>Reaching</b>					<input type="checkbox"/> Other
Above shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Comments:</b>
At shoulder height	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Below shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

***This treatment has been discussed with the employee.***

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date



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[Release of Liability Templates.](#)

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