

**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>  Keyboarding / hrs    0    1 - 2    3 - 4    5 - 6    7+  Writing / hrs        0    1 - 2    3 - 4    5 - 6    7+  <b>Change positions every:</b>  <input type="checkbox"/> As needed <input type="checkbox"/> Half hour <input type="checkbox"/> One hour <input type="checkbox"/> Two hours <input type="checkbox"/> Worksite stretches <input type="checkbox"/> Exercises <input type="checkbox"/> Other  <b>Comments:</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>					
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>					
Bend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Twist/turn</b>					
Twist/turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Kneel/squat</b>					
Kneel/squat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Sit</b>					
Sit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Stand/walk</b>					
Stand/walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Ladder/stair climb</b>					
Ladder/stair climb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Hand, wrist, and shoulder activities</b> <i>Avoid prolonged, repetitive, or forceful:</i>					
Gripping/grasping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Repetitive wrist motion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Reaching</b>					
Above shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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

