



EMPLOYEE WORK RESTRICTION FORM

Patient Name: _____

Current Job: _____

Physician Name (please print): _____

Phone: _____ Fax: _____

Date you saw patient: _____ Time In: _____ Injury Date: _____

Patient Description of Injury: _____

Prescription strength medication(s) orders Yes No

- DISPOSITION:
1. Patient is unable to work at this time
 2. Recommend return to work with no limitations on (DATE): _____
 3. May return to work on (DATE) _____; with a daily time limitation of _____ and/or with the following limitations until _____ or until re-evaluation on _____

CHECK ONLY AS RELATES TO ABOVE CONDITION

N=Never/Not Able O=Occasional up to 4 times/hr. Specify Restrictions for 24 day	N	O	F	C			
Sitting/Driving					Lab work ___Y___N		
Standing/Walking							
Climbing					X-Rays ___Y___N		
Bending							
Kneeling/Squatting/Crawling					R	L	B I L
Reaching-Horiz/push-pull							
Reaching-Vert/above shoulder							
Gross Handling							
Finger Manipulation							
Single Grasping							
Repetitive Foot Movement							

- SEDENTARY WORK**-Lifting 10 pounds maximum and occasionally lifting and/or carrying such articles as docket, ledgers, and small tools. Although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary in carrying out the job duties. Jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met.
- LIGHT WORK**-Lifting 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds. Even though the weight lifted may be only a negligible amount, a job is in this category when it requires walking or standing to a significant degree or when it involves sitting most of the time with a degree of pushing and pulling of arms and/or leg controls.
- LIGHT MEDIUM WORK**-Lifting 30 pounds maximum with frequent lifting and/or carrying of objects weighing up to 20 pounds.
- MEDIUM WORK**-Lifting 50 pounds maximum with frequent lifting and/or carrying of objects weight up to 25 pounds.
- LIGHT HEAVY WORK**-Lifting 75 pounds maximum with frequent lifting and/or carrying of objects weight up to 40 pounds.
- HEAVY WORK**-Lifting 100 pounds maximum with frequent lifting and/or carrying objects weighing up to 50 pounds.

OTHER INSTRUCTIONS AND/OR LIMITATIONS: _____

SCHEDULED APPOINTMENT:

SCHEDULED APPOINTMENT:

Referral Clinic _____ Date: _____ Time: _____

Referral Clinic _____ Date: _____ Time: _____

Time Out: _____ Called Employer Date _____ Signature: _____

I hereby authorize my attending physician and/or hospital to release any information or copies thereof acquired in the course of my examination or treatment for the injury identified on this form to my employer or his representative.

PATIENT SIGNATURE _____ DATE: _____

PHYSICIAN SIGNATURE _____ DATE: _____