

Doctor's Return to Work Recommendations



Please complete this form.

Employee Name:

Date of Injury:

Company Name:

Supervisor:

Employee is unable to return to work at this time.

Job Description #1 - Employee's Regular Job Duties

Employee can return to work with no limitations on .

Employee can return to work on , with limitations listed below.

Medical restrictions indicated, e.g. number of hours lifting, bending, stooping, walking, leave for related medical appointments, medications, etc. Please list below:

Length of time restrictions are expected to last:

Job Description #2 – Modified Duty (Transitional) Work

Employee can return to transitional modified duty work on

Medical restrictions are as indicated below:

Length of time transitional work should be expected to last until employee can return to regular work of duties re-visited to more closely match employee's residual function, either increasing or decreasing:

Other Comments:

Doctor's Signature: _____ Date: _____

Doctor's Print Name: _____