



Medical Work Ability Form

To Be Completed By Attending Physician

RETURN TO WORK RECOMMENDATIONS

Employee's Name: _____

Date of Injury: _____

Treatment Date: _____

Diagnosis/Condition:

WORK RELATED

NON-WORK RELATED

RETURN AUTHORIZATION

Employee Can:

Return to Work Today with NO Restrictions

Return to Work Today with Below Restrictions

Totally Disabled from _____ to _____

RESTRICTIONS

SEDENTARY WORK: Lifting 10 pounds maximum and occasional lifting and/or carrying small articles. Walking and standing are required only occasionally with the majority of the duties performed in a stationary position.

LIGHT WORK: Lifting 20-30 pounds maximum with frequent lifting and/or carrying of objects weighing 10-20 pounds (5-8 hours) or involving sitting some of the time with a degree of pushing and pulling of arm and/or leg control

MEDIUM WORK: Lifting 50 pounds maximum with frequent lifting and/or carrying of objects weighing 25 pounds.

HEAVY WORK: Lifting 75-100 pounds maximum with frequent lifting and/or carrying of objects weighing 40-50 pounds.

1. In an 8 hour work day, employee may:

Stand/Walk None 1-4 Hours 5-8 Hours

Sit None 1-4 Hours 5-8 Hours

Drive None 1-4 Hours 5-8 Hours

2. Employee may use hand(s) for repetitive:

Single Grasping Pushing & Pulling

Fine Manipulation Above Shoulder Level

3. Employee may use foot/feet for repetitive movement as in operating foot controls: Yes No

4. Employee May: Not At All Occasionally Frequently

Bend

Twist

Squat

Climb

Reach

Other Instructions and/or Limitations:

Release from Restrictions: ___/___/___

Re-Evaluation: ___/___/___

Physician's Signature

Clinic Name

Clinic Address: _____

Date: _____
