



**PHYSICIAN'S
RETURN TO WORK AUTHORIZATION**

| | | |
|---------------------------------|----------------|----------|
| EMPLOYEE NAME: | | |
| CLAIM # | DATE OF INJURY | EMPLOYER |
| DIAGNOSIS | | |
| RELEASED TO MODIFIED DUTY DATE: | | |

EXPECTED TIME FOR MODIFIED DUTY:

2-3 WEEKS _____ 4-6 WEEKS _____ 6-8 WEEKS _____

RESTRICTIONS FOR TEMPORARY MODIFIED DUTY RELEASE

(Circle full capacity for each activity)

In an eight hour day, patient can:

| | | | | | | | | | |
|-----------|---|---|---|---|---|---|---|---|-------|
| (1) Sit | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | Hours |
| (2) Stand | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | Hours |
| (3) Walk | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | Hours |

Patient can lift:

| | | | |
|-------------------|-------|--------------|--------------|
| (1) Up to 10 lbs. | Never | Occasionally | Repetitively |
| (2) 11-20 lbs. | Never | Occasionally | Repetitively |
| (3) 21-50 lbs. | Never | Occasionally | Repetitively |
| (4) 51-100 lbs. | Never | Occasionally | Repetitively |

Patient can use hands for pulling/pushing:

| | | | |
|-------------------|-------|--------------|--------------|
| (1) Up to 10 lbs. | Never | Occasionally | Repetitively |
| (2) 11-20 lbs. | Never | Occasionally | Repetitively |
| (3) 21-50 lbs. | Never | Occasionally | Repetitively |
| (4) 51-100 lbs. | Never | Occasionally | Repetitively |

Patient is able to:

| | | | |
|-----------|-------|--------------|--------------|
| (1) Bend | Never | Occasionally | Repetitively |
| (2) Squat | Never | Occasionally | Repetitively |
| (3) Climb | Never | Occasionally | Repetitively |
| (4) Reach | Never | Occasionally | Repetitively |

Patient can use hand for repetitive action such as:

| | | |
|--------------|-----|----|
| (1) Grasping | Yes | No |
| One Handed | Yes | No |

ANTICIPATED DATE FOR RELEASE TO FULL DUTY: _____

| | |
|---------------------------------------|------|
| Physician's comments/ suggestions: | |
| | |
| Treatment | |
| Recommendations: | |
| PHYSICIAN'S | DATE |
| SIGNATURE | |