RETAIL ASSOCIATION SERVICES Inc.

Physician's Return To Work Authorization

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

EXPECTED TIME FOR MODIFIED DUTY: _____

1 - 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 pushing/pulling:

(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
(2) One-handed	Yes	No

ANTICIPATED DATE FOR RELEASE TO FULL DUTY:_____

PHYSICIAN'S COMMENTS/SUGGESTIONS:			
Treatment			
Recommendations			
PHYSICIAN'S SIGNATURE			DATE

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