RETURN TO WORK

Patient Name: _____ Employer: **CITY OF DE PERE**

NOTE: In terms of an 8-hour workday. Occasionally = 1% - 33%. Frequently = 34% - 66%. Continuously = 67% - 100%.

I. IN AN 8-HOUR WORKDAY, INJURED WORKER CAN: *(Circle full capacity for each activity)*

Total At One Time											Unrestricted
A. Sit	0	1	2	3	4	5	6	7	8	hrs.	☐
B. Stand	0	1	2	3	4	5	6	7	8	hrs.	☐
C. Walk	0	1	2	3	4	5	6	7	8	hrs.	☐
D. Drive	0	1	2	3	4	5	6	7	8	hrs.	☐

Total During Entire 8-Hour Day											Unrestricted
A. Sit	0	1	2	3	4	5	6	7	8	hrs.	☐
B. Stand	0	1	2	3	4	5	6	7	8	hrs.	☐
C. Walk	0	1	2	3	4	5	6	7	8	hrs.	☐

II. INJURED WORKER CAN LIFT:

	Occasionally	Frequently	Continuously	Not At This Time
A. Up to 10 lbs.	☐	☐	☐	☐
B. 11-20 lbs.	☐	☐	☐	☐
C. 21-25 lbs.	☐	☐	☐	☐
D. 26-50 lbs.	☐	☐	☐	☐
E. 51-100 lbs.	☐	☐	☐	☐

III. INJURED WORKER CAN CARRY:

	Occasionally	Frequently	Continuously	Not At This Time
A. Up to 10 lbs.	☐	☐	☐	☐
B. 11-20 lbs.	☐	☐	☐	☐
C. 21-25 lbs.	☐	☐	☐	☐
D. 26-50 lbs.	☐	☐	☐	☐
E. 51-100 lbs.	☐	☐	☐	☐

IV. INJURED WORKER CAN USE HANDS:

	Simple Grasping	Fine Work	Pushing Pulling	Low Speed Assembly	High Speed Assembly
A. Left	☐	☐	☐	☐	☐
B. Right	☐	☐	☐	☐	☐

C. Comments _____

V. INJURED WORKER CAN USE FEET for repetitive movement as in pushing and pulling of leg controls:

Right	Left	Both
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

VI. INJURED WORKER IS ABLE TO:

	Occasionally	Frequently	Continuously	Not At This Time
A. Bend	☐	☐	☐	☐
B. Squat	☐	☐	☐	☐
C. Crawl	☐	☐	☐	☐
D. Climb	☐	☐	☐	☐
E. Reach	☐	☐	☐	☐
F. Kneel	☐	☐	☐	☐
G. Twist	☐	☐	☐	☐

VII. RESTRICTION OF ACTIVITIES INVOLVING:

	Yes	No
A. Unprotected heights	☐	☐
B. Being around moving machinery	☐	☐
C. Exposure to marked changes in temperature and humidity	☐	☐
D. Exposure to dust, fumes, and gases	☐	☐

The Patient can return to work effective: _____

_____ Date _____

(Signature of Attending Physician)

Attending Physician's Telephone Number: _____