RELEASE TO RETURN TO WORK

Please complete the following information and return with the injured employee.

1. Is the worker medically stationary? □ Yes □ No Date ________ Next scheduled appointment date ________

2. Worker is released to:
   □ full duty without limitations
   □ modified duty from (date) ________ through (date) ________ (Do not complete lines 3 through 11. Sign below.)
   □ modified hours — specify ________

3. In an eight-hour workday, worker can stand/walk a total of ________ Hours: No limitations 1 2 3 4 5 6 7 8

4. At one time, worker can stand/walk ________

5. In an eight-hour workday, worker can sit a total of ________

6. At one time, worker can sit ________

7. The worker is released to return to work in the following range for lifting, carrying, pushing/pulling:

<table>
<thead>
<tr>
<th>Pounds</th>
<th>&lt;10</th>
<th>10</th>
<th>15</th>
<th>20</th>
<th>25</th>
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<th>35</th>
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<th>95</th>
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<td>Occasionally</td>
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<td>Frequently</td>
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8. Worker can use hands for repetitive:
   □ Right
   □ Yes □ No
   □ Pushing and pulling
   □ Yes □ No
   □ Simple grasping
   □ Yes □ No
   □ Keyboarding
   □ Yes □ No
   □ Left
   □ Yes □ No
   □ Dominant hand
   □ Right □ Left

9. Worker can use feet for repetitive raising and pushing (as in operating foot controls): □ Yes □ No

10. Worker is able to:
    □ Continuous 67-100% of the day
    □ Frequently 34-66% of the day
    □ Occasionally 6-33% of the day
    □ Intermittently 1-5% of the day
    □ Not at all

   a. Stoop/bend
   □
   b. Crouch
   □
   c. Crawl
   □
   d. Kneel
   □
   e. Twist
   □
   f. Climb
   □
   g. Balance
   □
   h. Reach
   □
   i. Push/pull
   □

11. Other functional limitations or modifications necessary in worker’s employment:

Additional comments may be written on back of form.

Signature of physician ________ Physician’s typed name ________ Date ________