

RETURN TO WORK INFORMATION

Name of worker _____	Claim number _____
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1. Is the worker medically stationary? Yes No If yes, date: _____ Next scheduled appointment date: _____
 If no, estimated medically stationary date: _____ Are there permanent restrictions? Yes No Unknown

Treatment plan:

2. Worker is released to:

full duty without limitations Date: _____ (Do not complete lines 3 through 11. Sign below.)

modified duty from (date): _____ through (date): _____ (specify limitations below)

modified hours specify hours: _____ from (date): _____ through (date): _____

not released to work Est. RTW date: _____ If modified release, provide date of anticipated regular release: _____

Hours: No limitations	1	2	3	4	5	6	7	8	Other (specify)
3. In a/an <input type="checkbox"/> 8 <input type="checkbox"/> 10 <input type="checkbox"/> 12 <input type="checkbox"/> other _____ -hour workday, worker can stand/walk a total of _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. At one time, worker can stand/walk _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. In a/an <input type="checkbox"/> 8 <input type="checkbox"/> 10 <input type="checkbox"/> 12 <input type="checkbox"/> other _____ -hour workday, worker can sit a total of _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. At one time, worker can sit _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Pounds	<10	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	100	>100
Occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Worker can use hands for repetitive:

	Right		Left	
a. Fine manipulation	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	Dominant hand
b. Pushing and pulling	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Right <input type="checkbox"/> Left
c. Simple grasping	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
d. Keyboarding	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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-----	<input type="checkbox"/>	-----	<input type="checkbox"/>	-----	<input type="checkbox"/>	-----	<input type="checkbox"/>	-----	<input type="checkbox"/>
b. Crouch-----	<input type="checkbox"/>	-----	<input type="checkbox"/>	-----	<input type="checkbox"/>	-----	<input type="checkbox"/>	-----	<input type="checkbox"/>
c. Crawl-----	<input type="checkbox"/>	-----	<input type="checkbox"/>	-----	<input type="checkbox"/>	-----	<input type="checkbox"/>	-----	<input type="checkbox"/>
d. Kneel-----	<input type="checkbox"/>	-----	<input type="checkbox"/>	-----	<input type="checkbox"/>	-----	<input type="checkbox"/>	-----	<input type="checkbox"/>
e. Twist-----	<input type="checkbox"/>	-----	<input type="checkbox"/>	-----	<input type="checkbox"/>	-----	<input type="checkbox"/>	-----	<input type="checkbox"/>
f. Climb-----	<input type="checkbox"/>	-----	<input type="checkbox"/>	-----	<input type="checkbox"/>	-----	<input type="checkbox"/>	-----	<input type="checkbox"/>
g. Balance-----	<input type="checkbox"/>	-----	<input type="checkbox"/>	-----	<input type="checkbox"/>	-----	<input type="checkbox"/>	-----	<input type="checkbox"/>
h. Reach-----	<input type="checkbox"/>	-----	<input type="checkbox"/>	-----	<input type="checkbox"/>	-----	<input type="checkbox"/>	-----	<input type="checkbox"/>
i. Push/pull-----	<input type="checkbox"/>	-----	<input type="checkbox"/>	-----	<input type="checkbox"/>	-----	<input type="checkbox"/>	-----	<input type="checkbox"/>

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

Signature of medical service provider _____	Printed name _____	Date _____
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I authorize Valley Immediate Care LLC to mail/fax a copy of Return To Work Information to my employer

Signature of employee/patient _____ Date _____