RETURN TO WORK FORM

NORFOLK PUBLIC SCHOOLS
NOTHING PREVENTS SUCCESS!

NOTICE: We provide transitional work restrictions whenever possible due to injury or illness to employees We hope to quickly return employees to their regular duties in a timely manner. Please contact Norfolk Public Schools – Human Resources Department at (402) 644-2500 if you have any additonal questions or concerns. Thank you.

Patient's Name: _____ **Date of Birth:** _____

Phone: _____**Date of Injury:** _____

Medical Condition Treated:_____

DIAGNOSIS/CONDITION (briefly)

I saw and treated this patient on: _____ **and based on the above description of the patient's current medical problem, recommend:**

□ He/She **MAY** return to work with no limitations on: _____.

□ He/She may return to work on: _____ **capable of performing the degree of work checked below**:

□ **NO WORK until** _____.

Check ONLY as relates to above condition(s)

□ **Sedentary Work**

Exerting up to 10 lbs. of force occasionally and/or a negligible amount of force frequently. Involves sitting most of the time, but may involve walking or standing.

□ **Light Work**

Exerting up to 20 lbs. of force occasionally, and/or up to 10 lbs. of force frequently. Requires walking or standing to a significant degree; or requires sitting most of the time, but entails pushing and/or pulling of arm and/or leg controls.

□ **Medium Work**

Exerting 20 to 50 lbs. of force occasionally, and/or up to 10 to 25 lbs. of force frequently, and/or up to 10 lbs. of force constantly.

□ **Heavy Work**

Exerting 50 to 100 lbs. of force occasionally, and/or 25 to 50 lbs. of force frequently, and/or 10 to 20 lbs. of force constantly.

□ **Very Heavy Work**

Exerting in excess of 100 lbs. of force occasionally, and/or in excess of 50 lbs. of force frequently, and/or in excess of 20 lbs. of force constantly.

Patient may:

Stand/Walk

◊ None ◊ 3-5 hours
◊ 1-3 hours ◊ 5-8 hours
◊ 8-12 hours

Sit

◊ 1-3 hours ◊ 5-8 hours
◊ 3-5 hours ◊ 8-12 hours

Patient is able to :

	(0%) None	(1-33%) Occasionally	(34-66%) Frequently	(67-100) Continuously
BEND	□	□	□	□
SQUAT	□	□	□	□
CLIMB	□	□	□	□
TWIST	□	□	□	□
REACH	□	□	□	□

TREATMENT PLAN:

_____
_____
_____
_____

REFERRAL: _____

These restrictions are effective until _____ **OR until patient is re-evaluated on** _____ **at (time)** _____

Comments: _____

PHYSICIAN'S SIGNATURE: **DATED:**