



## WEST LINN - WILSONVILLE SCHOOL DISTRICT RELEASE TO RETURN TO WORK

West Linn-Wilsonville School District employees who have surgery, have an accident resulting in injury and treatment; have a major health issue such as a heart attack; stroke; loss of consciousness; etc. or a major illness; are to have this form completed by the treating physician prior to returning to work.

Employee Name \_\_\_\_\_ Employee ID# \_\_\_\_\_

Position \_\_\_\_\_ Building Name \_\_\_\_\_

**To be completed by Physician:** Please complete the following information related to the work status of the above-named employee to return to work. If you have questions regarding the above, call WLWV HR.

**Date of Surgery/Incident:** \_\_\_\_\_ **Absence Date(s):** \_\_\_\_\_

**Type of Surgery/Treatment or diagnosis:** \_\_\_\_\_

**Regarding Returning to Work:** Patient released to full duty with no restrictions  Yes Date: \_\_\_\_\_

Patient released to modified duty with the following restrictions (check all below that apply):

- Sedentary work – lifting 10 lbs. maximum and occasionally lifting and/or carrying such articles as books and papers.
- Light work – lifting 20 lbs. maximum with frequent lifting and/or carrying of objects weighing up to 10lbs.
- Light Medium work – lifting 35 lbs. maximum with frequent lifting and/or carrying of objects weighing up to 18 lbs.
- Medium work – lifting 50 lbs. maximum with frequent lifting and/or carrying of objects weighing up to 25 lbs.
- Light Heavy work – lifting 75 lbs. maximum with frequent lifting and/or carrying of objects weighing up to 38 lbs.
- Heavy work – lifting 100 lbs. maximum with frequent lifting and/or carrying of objects weighing up to 50 lbs.

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Other Specific Restrictions: \_\_\_\_\_

**Patient is able to:**

- Bend  Yes  No
- Squat  Yes  No
- Climb Stairs  Yes  No
- Climb Ladders  Yes  No
- Twist at Trunk  Yes  No
- Reach Overhead  Yes  No
- Kneel  Yes  No

**In an 8-hour day, patient may:**

- Stand/Walk # of hours \_\_\_\_\_
- Sit # of hours \_\_\_\_\_
- Drive # of hours \_\_\_\_\_

**May use hands for repetitive activity:**

- Simple grasping  Yes  No
- Pushing/pulling  Yes  No
- Fine manipulation  Yes  No

Physician Signature \_\_\_\_\_

Physician Typed/Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature of HR Supervisor approving return to work \_\_\_\_\_