



**WEST LINN / WILSONVILLE SCHOOL DISTRICT
RELEASE TO RETURN TO WORK (excluding workers comp)**

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 Dept. (673-7095).

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 _____