# Physician or other Health Care Specialist’s Assessment of Worker’s Return to Work

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| **Worker’s Name:** |       | **Date of Injury/Illness:** |       |
|  |  |  |  |
|  | It is recommended for the worker to access additional treatment |
|  |  | Physiotherapy |  | Chiropractic |  | Massage Therapy |  | Athletic Therapy |  | Other |       |
|  | The worker can return to work with consideration that symptoms may limit certain work tasks. |
|  | The worker can return to work with the following restrictions: |
| **Walking** |  | Restricted to less than 1 hour |
|  |  | Restricted, other – please specify:       |
|  |  | **As Tolerated** |
| **Standing** |  | Restricted to less than 1 hour |
|  |  | Restricted, other – please specify:       |
|  |  | **As Tolerated** |
| **Sitting** |  | Restricted to less than 1 hour |
|  |  | Restricted, other – please specify:       |
|  |  | **As Tolerated** |
| **Bending and Twisting** |  | No bending or twisting |
|  |  | Restricted, other – please specify:       |
|  |  | **As Tolerated** |
| **Lifting floor to waist** |  | No lifting |
|  |  | No lifting over 20 lbs. |  | No lifting over 40 lbs. |  | No lifting over 60 lbs. |
|  |  | **As Tolerated** |
| **Lifting waist to head** |  | No lifting |
|  |  | No lifting over 20 lbs. |  | No lifting over 40 lbs. |  | No lifting over 60 lbs. |
|  |  | **As Tolerated** |
| **Carrying** |  | No carrying |
|  |  | No carrying over 20 lbs. |  | No carrying over 40 lbs. |
|  |  | **As Tolerated** |
| **Gripping / Pulling** |  | No gripping/pulling |
|  |  | No gripping/pulling > 2 hrs/day |  | No gripping/pulling > 4 hrs/day |
|  |  | **As Tolerated** |
| **Climbing Stairs / Equipment** |  | Restricted, please specify:       |
|  |  | **As Tolerated** |
| **Equipment Operation** |  | Prescription medication prohibits driving |
|  |  | No night time driving / equipment operation |
| **Other Comments / Recommendations**(Please specify, i.e. medication side effects.) |  |  |

The following is a list of jobs that may be included in a person’s Return to Work program, understanding that these can be modified further based on medical opinion on the needs of the injured worker to accomplish a successful Return to Work accommodation:

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Depending on the worker’s qualifications, other tasks may be incorporated into the program. The program could consist of short periods of time on a variety of tasks that will aim at getting the worker back to their regular job.

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Name of Employee’s Attending Physician or other Health Care Specialist

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Date