

Physician's Recommendation Form

Dear Physician:

Uintah School District promotes early return to work and provides temporary job appointments (*modification of regular job duties, job duties that differ from regular job duties, or a combination of both*) whenever possible. To help us understand our employee's immediate needs and future changes, please review and complete the information below after each visit our employee makes to your facility.

Patient's Name _____
Injury Date _____
Diagnosis _____

****If this is an elective surgery, can the surgery be scheduled after June 1 during the employee's summer break? Please give details.**

Work Status:

- ↑ Can return to work with no restrictions on _____
- ↑ Cannot return to work
 - Anticipated return to work date:
 - With restrictions _____
 - No restrictions _____
- ↑ Can return to work with restrictions on _____

Restrictions:

Standing	None	1-4 hrs	4-6 hrs	6-8 hrs	Other	
Sitting	None	1-3 hrs	3-5 hrs	5-8 hrs	Other	
Walking	None	1-4 hrs	4-6 hrs	6-8 hrs	Other	
Lifting	None	0-10 lbs	10-20 lbs	20-30 lbs	30-40 lbs	40 lbs +
Driving	None	1-4 hrs	4-6 hrs	6-8 hrs		
May use hands for repetitive:	Single grasping	Pushing pulling	Fine manipulation	Other		

- ↑ No/Limit bending and stooping
- ↑ No/Limit twisting
- ↑ No/Limit climbing
- ↑ No/Limit use of _____
- ↑ No/Limit repetitive motion of _____
- ↑ Other _____
- ↑ No/Limit squatting
- ↑ No/limit kneeling
- ↑ No/Limit working around machinery

- ↑ Estimated return to work date with no restrictions _____
- ↑ Next scheduled medical appointment _____
- ↑ Referred for additional care to:
 - Doctor's Name _____
 - Appointment Date _____

I have read and understand these instructions. Patient Signature _____

Physician's name, date, and signature _____