



**LEAVE MANAGEMENT SERVICES**

Administered through Memorial Health Center, an Aspirus Partner

**RETURN TO WORK FORM**

Patient's Name:		Date of Birth:																																																																																													
<b>TO BE COMPLETED BY ATTENDING PHYSICIAN</b>																																																																																															
Today's Exam Date:		Date of Injury/Illness:		Next Exam Date:																																																																																											
Diagnosis:																																																																																															
<input type="checkbox"/> Return to work with no limitations on: _____		<input type="checkbox"/> Completely incapacitated at this time																																																																																													
<input type="checkbox"/> Return to work with the following limitations on: _____		<input type="checkbox"/> Reviewed patient's job description																																																																																													
<p style="text-align: center;"><b>DEGREE</b></p> <p><input type="checkbox"/> <b>SEDENTARY WORK:</b> Lifting 10 pound maximum. Occasional lifting or carrying such articles as docket, ledgers and small tools. Work essentially involves sitting and is considered sedentary if only a small amount of walking and standing is necessary to carry out duties.</p> <p><input type="checkbox"/> <b>LIGHT WORK:</b> Lifting 20 pound maximum. Frequent lifting and carrying up to 10 pounds. May entail walking and standing significantly. Sitting most of the time with a degree of pushing and pulling on arms or legs.</p> <p><input type="checkbox"/> <b>MEDIUM WORK:</b> Lifting 50 pounds maximum. Frequent lifting and carrying up to 20 pounds.</p> <p><input type="checkbox"/> <b>HEAVY WORK:</b> Lifting 100 pounds maximum. Frequent lifting and carrying up to 50 pounds.</p> <p><input type="checkbox"/> <b>VERY HEAVY WORK:</b> Lifting objects in excess of 100 pounds. Frequent lifting and carrying of objects 50 pounds or more.</p>	<p style="text-align: center;"><b>LIMITATIONS (May work at indicated level of frequency)</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Never 0%</th> <th style="text-align: center;">Seldom 1-10%</th> <th style="text-align: center;">Occasionally 11-33%</th> <th style="text-align: center;">Frequently 34-66%</th> <th style="text-align: center;">No restriction 67-100%</th> </tr> </thead> <tbody> <tr><td>Stand</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Walk</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Sit</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Stoop/Bend</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Kneel/Squat</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Overhead work:</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>  Right arm</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>  Left arm</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Repetitive use:</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>  Right hand</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>  Left hand</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Repetitive use :</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>  Right foot</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>  Left foot</td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>						Never 0%	Seldom 1-10%	Occasionally 11-33%	Frequently 34-66%	No restriction 67-100%	Stand						Walk						Sit						Stoop/Bend						Kneel/Squat						Overhead work:						Right arm						Left arm						Repetitive use:						Right hand						Left hand						Repetitive use :						Right foot						Left foot					
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Physician's Signature:				Date of Signature:																																																																																											

**Please do not send this document to your supervisor or department. It should be returned to Leave Management Services at: Leave Management Services, 135 S. Gibson St., Medford, WI 54451**  
**E-mail: leavemanagementservices@aspirus.org**  
**Phone: 715-748-8115 Fax: 715-748-8832**