



SCHOOL DISTRICT OF HOLMEN PHYSICIAN'S RETURN TO WORK RECOMMENDATIONS

Date _____ Employer School District Of Holmen Contact Benefits Specialist Phone 526-1305

Patient's Name _____

- Work Related
- Not Work Related
- Not Known If Work Related
- Employee Notified

Diagnosis/Condition _____

WORK LIMITATIONS

1. () Return to work without restrictions on ____ / ____ / ____.
2. () Return to work with restrictions on _____ Restrictions through _____
3. () No Overtime
4. () Unable to work at this time. Return to work on _____

CHECK ONLY AS RELATES TO ABOVE CONDITIONS

Sedentary Work. Lifting 10 pounds maximum and occasionally lifting and/or carrying such articles as docket, ledgers, and small tools. Although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met.

Light Work. Lifting 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds. Even though the weight lifted may be only a negligible amount. A job is in this category when it requires walking or standing to a significant degree or when it involves sitting most of the time with a degree of pushing and pulling of arm and/or leg controls.

Light Medium Work. Lifting 30 pounds maximum with frequent lifting, pushing, pulling, and/or carrying of objects weighing up to 20 pounds.

Medium Work. Lifting 50 pounds maximum with frequent lifting, pushing, pulling and/or carrying of objects weighing up to 25 pounds.

Light Heavy Work. Lifting 75 pounds maximum with frequent lifting, pushing, pulling and/or carrying of objects weighing up to 40 pounds.

Heavy Work. Lifting 100 pounds maximum with frequent lifting, pushing, pulling and/or carrying of objects weighing up to 50 pounds.

Very Heavy Work. Lift over 100 pounds with frequent lifting, pushing, pulling and/or carrying of objects in excess of 50 pounds.

Dry Work. Work that would avoid moisture on area of injury.

N= Not at this time.
O=Occasional up to 4 times/hr.
F=Frequent up to 30x/hr.
C=Constant over 30x/hr.

| | N | O | F | C |
|------------------------------------|---|---|---|---|
| Sitting/Driving | | | | |
| Standing/Walking | | | | |
| Climbing | | | | |
| Bending | | | | |
| Kneeling/Squatting/Crawling | | | | |
| Reaching – Horizontal | | | | |
| Reaching – Vertical | | | | |
| Gross Handling | | | | |
| Fine Finger Manipulation | | | | |

OTHER INSTRUCTIONS AND/OR LIMITATIONS (Including Prescribed Medications):

Follow-Up Care: _____

() No follow-up required () Follow up with _____ Date _____

Provider Signature _____

Phone Number _____