

# Physician 'Return to Work' Evaluation Form

## Employer/Injured Employee Information

Employer: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Employer's phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Insurance Carrier: LUBA Workers' Comp  
Name of Injured Employee: \_\_\_\_\_ Employee SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Employee phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date of Injury: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Type of Injury: \_\_\_\_\_

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## Physician's Evaluation (to be completed by physician only)

Diagnosis: \_\_\_\_\_

Treatment Plan: \_\_\_\_\_

### Patient is able to perform the following level of work

The US Dept. of Labor classifies five degrees of work in terms of lifting requirements. Check the exact degree of work this patient is capable of performing.

- \_\_\_\_ **Sedentary Work** (lift 10 lbs max; occasionally lifting and/or carrying small articles, occasional walking and standing)
- \_\_\_\_ **Light Work** (lift 20 lbs max with frequent lifting and/or carrying objects weighing up to 10 lbs and involves sitting most of the time with a degree of pushing/pulling of arm and/or leg controls)
- \_\_\_\_ **Medium Work** (lift 50 lbs max with frequent lifting and/or carrying objects no more than 25 lbs)
- \_\_\_\_ **Heavy Work** (lift 100 lbs max with frequent lifting and/or carrying of objects no more than 50 lbs)
- \_\_\_\_ **Very Heavy Work** (lift objects > than 100 lbs with frequent lifting and/or carrying objects weighing 50 lbs or more)

R / L hand / arm / foot / leg  has no use  has limited use as identified above  cannot perform repetitive motion

The above restrictions are:  Permanent  Temporary until \_\_\_\_\_

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## Return to Work

Can resume **modified** work duties on: \_\_\_\_\_ Can resume **full (regular) work** duties on: \_\_\_\_\_

Other restrictions or comments: \_\_\_\_\_

Physicians name: \_\_\_\_\_ Physicians signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient's follow up appointment with Dr. \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_