

Work Restrictions Form

Patient's Name	Date of Injury/Illness																								
TO BE COMPLETED BY ATTENDING PHYSICIAN																									
Diagnosis/Condition (Brief Explanation)																									
I saw and treated this patient on _____ and based on the above description of the patient's current medical problem:																									
1. <input type="checkbox"/> Recommend his/her Return-to-Work with no limitations on _____. 2. <input type="checkbox"/> He/She may return to work on _____ (date) capable of performing the degree of work checked below with the following limitations:																									
CHECK ONLY AS RELATES TO ABOVE CONDITIONS																									
<input type="checkbox"/> 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 that involves sitting, a certain amount of walking and standing is necessary in carrying out job duties. Jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met.	1. In an 8-hour work day patient may: a. Stand/Walk <input type="checkbox"/> None <input type="checkbox"/> 1-4 hours <input type="checkbox"/> 4-6 hours <input type="checkbox"/> 6-8 hours b. Sit <input type="checkbox"/> 1-3 hours <input type="checkbox"/> 3-5 hours <input type="checkbox"/> 5-8 hours c. Drive <input type="checkbox"/> 1-3 hours <input type="checkbox"/> 3-5 hours <input type="checkbox"/> 5-8 hours																								
<input type="checkbox"/> 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 of pushing and pulling arm and/or leg controls.	2. Patient may use hand(s) for repetitive: <input type="checkbox"/> Single grasping <input type="checkbox"/> Pushing & pulling <input type="checkbox"/> Fine manipulation																								
<input type="checkbox"/> Light Medium Work. Lifting 30 pounds maximum with frequent lifting and/or carrying of objects weighing up to 20 pounds.	3. Patient may use foot/feet for repetitive movement as in operating foot controls: <input type="checkbox"/> Yes <input type="checkbox"/> No																								
<input type="checkbox"/> Medium Work. Lifting 50 pounds maximum with frequent lifting and/or carrying of objects weighing up to 25 pounds.	4. Patient is able to: <table style="margin-left: 20px; border: none;"> <thead> <tr> <th></th> <th style="text-align: center;">Frequently</th> <th style="text-align: center;">Occasionally</th> <th style="text-align: center;">Not At All</th> </tr> </thead> <tbody> <tr> <td>a. Bend</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>b. Squat</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>c. Climb</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>d. Twist</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>e. Reach</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		Frequently	Occasionally	Not At All	a. Bend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Squat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Climb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Twist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. Reach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/> Medium Heavy Work. Lifting 75-80 pounds maximum with frequent lifting and/or carrying of objects weighing up to 40 pounds.																									
<input type="checkbox"/> Heavy Work. Lifting 100 pounds maximum with frequent lifting and/or carrying of objects weighing up to 50 pounds.																									
Other instructions and/or limitations including prescribed medications:																									
3. <input type="checkbox"/> These restrictions are in effect until _____ or until patient is reevaluated on _____. 4. <input type="checkbox"/> He/She is totally incapacitated at this time. Patient will be reevaluated on _____.																									
Physician's Signature:	Date:																								

