

EMPLOYEE'S ABILITY TO RETURN TO WORK
Physician's Work Status Report

Employer/District: _____

Employee: _____

Job Title: _____ Site: _____

Date of Injury: _____

To Be Completed By Employee At Time Of Each Examination

I hereby authorize (name of physician) _____, or any other physician(s) involved in my care, to release information regarding my physical condition relating to the injury/illness associated with the date of injury listed above to SISC Safety and Loss Control department, my employer (as indicated above), and/or my employer's designee responsible for assessing work assignment possibilities. The information disclosed pursuant to this form shall be used solely for the purpose of evaluating my ability to perform assigned work tasks. This authorization shall become effective immediately upon my signature and shall expire on the re-evaluation date listed below (E.). I understand I have a right to receive a copy of this authorization.

(Employee Signature)

(Date)

To Be Completed by Physician First Aid This is not a work-related injury

A. Diagnosis: _____

B. Can patient return to work without restrictions? Yes No (If "No", please complete remainder of this form)

C. Please detail the **specific** work restrictions prescribed for the patient. **Your detailed description of the patient's restrictions will enable the employer to make appropriate placement decisions without the need for potential telephonic clarification.** Note that the employer may have many options regarding light duty assignments, which will allow the patient to rehabilitate and remain a productive member of the district without risk of reinjury. Unless otherwise indicated, the restrictions will be in effect until the re-evaluation date indicated below.

D. Are: Medications Braces/Splints Prescribed? If "Yes", please explain:

E. Patient's Re-Evaluation Date: _____

Physician's Printed Name: _____ Telephone: _____

Physician's Signature: _____ Date: _____

Return completed form to employee. Employee will return form to the District.

WHITE: DISTRICT COPY

PINK: EMPLOYEE COPY

GOLD: PHYSICIAN COPY