

**ILLNESS/INJURY RETURN TO WORK/RESTRICTION WORKSHEET
MUST BE COMPLETE BY A LICENSED PROVIDER**

General Information	Associate Name: _____ Associate ID#: _____
Restrictions	<p>This Associate has been under care from ____/____/____ to ____/____/____ .</p> <p>He/She can return to work on _____</p> <p><input type="checkbox"/> With no restrictions</p> <p><input type="checkbox"/> With the following restrictions:</p> <p>(Please check those that apply)</p> <p><input type="checkbox"/> Wear brace/splint as prescribed</p> <p><input type="checkbox"/> No lifting over <input type="checkbox"/> 10 lbs., <input type="checkbox"/> 20 lbs., <input type="checkbox"/> 30 lbs., <input type="checkbox"/> 50 lbs., <input type="checkbox"/> 75 lbs.</p> <p><input type="checkbox"/> No pushing/pulling over <input type="checkbox"/> 10 lbs., <input type="checkbox"/> 20 lbs., <input type="checkbox"/> 30 lbs., <input type="checkbox"/> 50 lbs., <input type="checkbox"/> 75 lbs.</p> <p><input type="checkbox"/> No lifting or reaching over head <input type="checkbox"/> Right arm <input type="checkbox"/> Left arm.</p> <p><input type="checkbox"/> No use of <input type="checkbox"/> Right hand <input type="checkbox"/> Left hand.</p> <p><input type="checkbox"/> No twisting.</p> <p><input type="checkbox"/> No stooping or bending.</p> <p><input type="checkbox"/> No kneeling <input type="checkbox"/> Right knee <input type="checkbox"/> Left knee</p> <p><input type="checkbox"/> No squatting.</p> <p><input type="checkbox"/> No climbing ladders.</p> <p><input type="checkbox"/> No climbing stairs.</p> <p><input type="checkbox"/> No operating heavy equipment or power tools.</p> <p><input type="checkbox"/> Limit standing & walking to maximum <input type="checkbox"/> 15 min/hr <input type="checkbox"/> 30min/hr <input type="checkbox"/> 45min/hr</p> <p><input type="checkbox"/> No standing or walking at work</p> <p><input type="checkbox"/> Limit sitting to maximum of <input type="checkbox"/> 15 min/hr <input type="checkbox"/> 30min/hr <input type="checkbox"/> 45min/hr</p> <p>Reasonable Accommodation Details:</p> <p>_____</p> <p>_____</p>
Provider Certification	Name: _____ Signature: _____ Date: _____