

WORK ABILITY and RETURN-TO-WORK FORM

FORM TO BE COMPLETED BY ATTENDING PRIMARY CARE GIVER

Employee: _____ Date of Birth: _____

Month/Day/Year

Employer: Independent School District #318
Grand Rapids Public Schools
Fax: (218) 327.5865 Phone: (218) 327.5708

Date of Injury/Illness: _____

Month/Day/Year

FINDINGS

Work related injury/illness? No Yes To be determined

Any pre-existing conditions affecting this injury/illness? No Yes; description: _____

RETURN TO WORK

Return to work with **no** limitations on _____
Month/Day/Year

Return to work with limitations on _____ through _____
Month/Day/Year Month/Day/Year

Unable to work from _____ through _____
Month/Day/Year Month/Day/Year

Follow-up appointment scheduled for: _____
Month/Day/Year

Health Care Provider's Name (please print): _____ Phone No: _____

Health Care Provider's Signature: _____

Note to Medical Provider: If this worker is unable to work or will have restrictions, please complete page 2 of this form.

Note to Employee: By signing below, you give the Human Resource Department permission to discuss your health condition with your health care provider as it pertains to available work options.

I agree to allow my health care provider to discuss available work options with my employer.

Employee's Signature: _____ Date: _____

This form must be completed in its entirety.

Patient Name: _____ Date: _____

EMPLOYEE CAPABILITIES

Illness/Injury Description: _____

Diagnosis: _____

- Body Part Affected:
- Neck Upper Back Lower Back Shoulder Elbow
 Wrist Hand Leg Knee Ankle
 Other

- Side Affected:
- Left Right Both

NOTE: In terms of an 8 hour workday: Occasionally = 1% - 33% Frequently = 34% - 66% Continuously = 67% - 100%

1 In an 8 hour workday, injured worker can:		0	1	2	3	4	5	6	7	8	Unrestricted
Total Hours at One Time											
A. Sit		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Stand		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Walk		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Drive		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Total Hours During Entire 8 Hour Day		0	1	2	3	4	5	6	7	8	Unrestricted
A. Sit		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Stand		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Walk		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Drive		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2 Injured worker can lift:	Occasionally	Frequently	Continuously	Not at This Time
A. Up to 10 lbs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. 11-20 lbs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. 21-25 lbs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. 26-50 lbs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. 51-100 lbs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3 Injured worker can carry:	Occasionally	Frequently	Continuously	Not at This Time
A. Up to 10 lbs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. 11-20 lbs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. 21-25 lbs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. 26-50 lbs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. 51-100 lbs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4 Injured worker can use hands:	Simple Grasping	Fine Work	Pushing/Pulling
A. Right	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Left	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Comments:	_____		

5 Injured worker can use feet:	Right	<input type="radio"/> Yes <input type="radio"/> No	Left	<input type="radio"/> Yes <input type="radio"/> No	Both	<input type="radio"/> Yes <input type="radio"/> No
	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	

6 Injured worker is able to:	Occasionally	Frequently	Continuously	Not at This Time
A. Bend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Squat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Crawl	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Climb	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Reach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Kneel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Twist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>