RETURN TO WORK FORM

Medical Authorization and Attending Physician's Report

EMPLOYER, PLEASE COMPLETE

Name of Employee/Patient: Last:	Firs	it:	MI:	
Employee Position:	Department:			
Date of Injury/Illness:		Social Secur	ity Number:	
Name of Employer: Columbia-Brazoria ISD				
Employee Authorization:		Doctor to be	seen:	

Employer: Refer to the Job Description and list work that may be available, in accordance with the physical restrictions indicated below:

Sedentary	Light	Medium	Heavy

AUTHORIZED PHYSICIAN, PLEASE COMPLETE

has been treated toda	y for
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Patient Name

In accordance with this patient's physical capability, check all that apply:

- _____ A physical examination has been completed
- _____ A post accident drug test has been completed
- Employee may resume work immediately, no restrictions
- _____ Employee may resume work immediately with the following restrictions:
- Sedentary work (sitting, occasional walking, standing, lifting less than 10 lbs.)
- _____ Light work (lifting less than 20 lbs.)
- _____ Medium work (lifting less than 50 lbs.)
- _____ Heavy work (lifting less than 100 lbs.)

Employee is released to work:

- _____ Hours per day
 - _____ His/her normal shift
 - Employee may return to work at full duty on (date)

____ Employee has a return appointment on ______ at _____

date

Physician's Name (type or print)

time

Date

Physician's Signature

cc: Personnel File