

**Lamoille North Supervisory Union
RETURN TO WORK FORM**

Employee Name: _____ Work Location: _____

Part I To be completed by the Patient/Employee: Please read the following and sign where indicated. Take this form to your Healthcare Professional and return the completed form to Human Resources.

I authorize my healthcare professional to release confidential medical information to LNSU and/or District representative about my health condition(s) as it pertains to my work.

Employee Signature: _____ Date: _____

Part II To be completed by the Healthcare Professional: Please complete the following section, sign and return the form to: Human Resources Department, Lamoille North Supervisory Union, 96 Cricket Hill Road, Hyde Park, VT 05655 **or fax to 802-888-7908.**

1. Is the employee able to return to work without limitations at this time? Yes No Please estimate the return date _____
2. Does the employee have a physical or mental impairment? Yes No Please explain the impairment

3. Considering the essential functions of the position, will the patient/ employee pose a direct threat, (i.e.: a significant risk of substantial harm) to the health and/or safety of him/herself? Yes No Or to others? Yes No
4. If yes to items 2 or 3, what are the accommodations that would eliminate risk or reduce the risk to an acceptable limit?

Activity	Consecutive Hours				Activity	Consecutive Hours				Activity	Consecutive Hours			
	6-8	4-5	1-3	0		6-8	4-5	1-3	0		6-8	4-5	1-3	0
Sitting					Distance Vision					Adapt to Frequent Changes				
Standing					Peripheral Vision					Problem Solving				
Walking					Close Vision					Collaboration/ Interpersonal Skills				
Pushing					Work at Heights					Conflict Resolution				
Pulling					Work Outdoors					Associate and Work with Various Age Groups				
Twisting					Work Indoors					Computer Work				
Climbing					Work in Temperature Extremes					Implement Safety Protocol				
Balancing					Work in Stressful Environment					Perform lockdown drills:				
Bending					Manual Dexterity					Lifting less than 10 pounds				
Crawling					Repetitive Hand/ Wrist Motion					Lifting 10-50 pounds				
Kneeling					Perform Physical Restraint with students					Lifting 50-100 pounds				
Reaching					Teaching/Training/ Learning Skills					Lifting over 100 pounds				
Emergency Procedures: lead students in fire drills					Speaking/Lecturing /Oral Presentation Skills					Other (list):				
Grasping					Creative Thinking									
Hearing					Decision Making									

5. Any additional comments or suggestions: _____

Healthcare Professional Signature: _____ Date: _____