



RETURN TO WORK EVALUATION

Please submit to ACPS Human Resources via fax at 703.619.8983

Physician: _____ Patient's Name: _____ Date: _____

Physician's Address: _____ Phone: _____ Fax: _____

Signature of Physician: _____ Date: _____

() No Restrictions- return to work full duty effective _____ (date)

() Unable to Return to Work Date of next appointment: _____

() Return to work effective _____ (date) with the following restrictions. Please check the exact degree of work you feel this patient is capable of performing.

Patient is able to lift:

- () Sedentary Work: Lifting 10 pounds maximum and occasionally lifting and/or carrying articles such as dockets, ledgers and small tools. Although a sedentary job is defined as one, which involves sitting, a certain amount of walking and standing are required only occasionally and other sedentary criteria are met.
() Light Work: Lifting 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds. Even though the weight lifted may be only a negotiable amount, a job is in this category when it involves sitting most of the time with a degree of pushing/pulling of arm and/or leg controls.
() Medium Work: Lifting 50 pounds maximum with frequent lifting and/or carrying of objects up to 25 pounds.
() Heavy Work: Lifting 100 pounds maximum with frequent lifting and/or carrying of objects weighing 50 pounds or more.
() Very Heavy Work: Lifting objects in excess of 100 pounds with frequent lifting and/or carrying of objects weighing 50 pounds or more.

In an 8 hour work day patient can stand/walk:

- () 1-3 Hours () 3-5 Hours () 5-8 Hours
() Continuously () Intermittently () None

In an 8 hour work day patient can sit:

- () 1-3 Hours () 3-5 Hours () 5-8 Hours
() Continuously () Intermittently () None

In an 8 hour work day patient can drive:

- () 1-3 Hours () 3-5 Hours () 5-8 Hours
() Continuously () Intermittently () None

Patient can use hand for repetitive:

- () Simple Grasping () Pushing & Pulling () Fine Manipulation

Patient is able to:

- A. Bend: Frequently () Occasionally () Not At All ()
B. Squat: Frequently () Occasionally () Not At All ()
C. Climb: Frequently () Occasionally () Not At All ()

The above restrictions are: Permanent () Temporary ()

If temporary, length of time (include transitional Return to Work recommendations): _____

