

PHYSICIAN'S RETURN TO WORK EVALUATION

(To be completed by physician)

Name _____ Social Security Number _____

Position _____

To the Physician:

This person is at present an employee of the St. Mary's County Board of Education. In order to return this person to duty, we need the following information. If a job description is attached, please review it carefully before completing this form.

- 1. Full Duty Release date _____. Less than Full Duty Release Date _____.
- 2. Anticipated future medical needs (please check one)
 _____ None _____ Weekly _____ Monthly _____ Yearly

If released for less than full duty, please complete the remainder of this form:

- 3. In an 8 hour workday, the client can STAND/WALK:
 ___ Not at all ___ 1-3 hours ___ 3-5 hours ___ 5-8 hours ___ no restrictions

In an 8 hour workday, the client can SIT:
 ___ Not at all ___ 1-3 hours ___ 3-5 hours ___ 5-8 hours ___ no restrictions

In an 8 hour workday, the client can DRIVE:
 ___ Not at all ___ 1-3 hours ___ 3-5 hours ___ 5-8 hours ___ no restriction

In an 8 hour workday, the client can LIFT:

	No restriction	Frequently*	Occasionally*	Not at all
1 – 10 lbs	_____	_____	_____	_____
10 – 20 lbs	_____	_____	_____	_____
20 – 50 lbs	_____	_____	_____	_____
50 – 100 lbs	_____	_____	_____	_____
100 + lbs	_____	_____	_____	_____

In an 8 hour workday, the client can CARRY:

	No Restriction	Frequently*	Occasionally*	Not at all
1 – 10 lbs	_____	_____	_____	_____
10 –20 lbs	_____	_____	_____	_____
20 – 50 lbs	_____	_____	_____	_____
50 – 100 lbs	_____	_____	_____	_____

*Frequently = 34% to 66% of time *Occasionally = 1% to 33% of time

In an 8-hour workday, client is able to:

	No Restriction	Frequently	Occasionally	Not at all
(1) bend	_____	_____	_____	_____
(2) squat	_____	_____	_____	_____
(3) climb	_____	_____	_____	_____
(4) kneel	_____	_____	_____	_____
(5) twist	_____	_____	_____	_____
(6) push	_____	_____	_____	_____
(7) pull	_____	_____	_____	_____
(8) reach	_____	_____	_____	_____
(9) stand	_____	_____	_____	_____

4. Client can use hands for:

Gross grasping ___yes___no

Fine manipulation ___yes ___ no

5. Client can use feet for operation of foot controls: ___yes ___no

6. Client may perform:

___ **SEDENTARY WORK:** Lifting 10 pounds maximum and occasionally lifting and/or carrying such articles as docket, ledgers and small tools. Although a sedentary job is defined as one that 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 or 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 up to 50 pounds.

___ **VERY HEAVY WORK:** Lifting objects in excess of 100 pounds with frequent lifting and/or carrying of objects weighing 50 pounds or more.

7. Prognosis and other comments:

Signature of Physician

Date

Address

City

State

Telephone