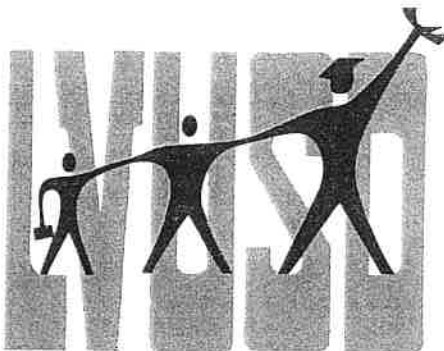
LAS VIRGENES UNIFIED SCHOOL DISTRICT
4111 LAS VIRGENES ROAD
CALABASAS, CALIFORNIA 91302
Telephone: (818) 880-4000
Fax: (818) 880-4200
www.lvusd.org



BOARD OF EDUCATION
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SUPERINTENDENT

CERTIFICATE FOR RETURN TO WORK OR FURTHER TREATMENT

Patient/Employee Name: ______________________________ Job Title: ______________________________

Industrial Injury Yes ☐ No ☐ Date of Injury/Disabling Condition: ____________ Exam Date: ___________

The above employee has been under my care since ___________ (Date)

PATIENT'S STATUS

Please indicate **ALL** that apply.

☐ Job Analysis or Job Description has been reviewed and taken into consideration.

☐ Return to Work with **NO RESTRICTIONS** on __________ (Date) Follow up visit (if needed) __________ (Date)

☐ Return to Work **WITH RESTRICTIONS**** starting _____________ (Date) thru _____________ (Date)

☐ Employee is expected to **RETURN TO FULL DUTY WITHIN 60 DAYS** ☐ Restrictions are **PERMANENT**

☐ **TAKEN OFF WORK** starting ________________ (Date) thru ______________ (Date)

☐ Next Appointment Date: __________________

**NOTE PHYSICAL RESTRICTIONS BELOW

PHYSICAL ACTIVITY RESTRICTIONS

☐ NO repetitive lifting/carrying of _______lbs. or more
☐ NO lifting/carrying of _______lbs. or more
☐ NO repetitive pushing/pulling of ______lbs. or more
☐ NO pushing/pulling of ______ lbs. or more
☐ NO at or above shoulder level reaching
☐ NO repetitive keyboarding in excess of ____minutes per hour
☐ NO prolonged walking in excess of ____hours
☐ NO repetitive bending / stooping
☐ NO repetitive squatting / kneeling
☐ NO prolonged standing in excess of ____hours
☐ NO prolonged sitting in excess of ____ hours
☐ Must alternate sitting/standing
☐ NO running / jumping / climbing
☐ Other: (please be specific) ____

Additional Physician Restrictions:

______________________________ ______________
Physician's Original Signature Date

PLEASE PRINT:

Physician's Name: ______________________________ CA Lic #: ______________

Address ____

Phone ______________________ Fax: ______________________

PLEASE FAX BACK TO 818-880-1087