



Return to Work Physician Certification

To be completed by Employee's Health Care Provider and returned to Human Capital via fax to 937-499-1519 or by email to aaron.bock@ketteringschools.org **at least three business days** prior to the return to work.

To be completed by Employee:

Employee's Name

Position Title

To be completed by Health Care Provider:

Copy of Job Description is attached: YES NO – Job Description is available upon request

Section 1. Please Print			
_____ Name of Health Care Provider		_____ Type of Practice	
_____ Street Address		_____ City	_____ State Zip code
_____ Provider Stamp		_____ Telephone Number	
Section 2. Physical Limitations			
Description		Description	
	Allow frequent change of body position		Avoid tools that vibrate or jerk
	Avoid reaching/lifting over chest height		No work requiring awkward wrist/arm position
	Avoid climbing stairs/ladders		Avoid repetitive gripping/twisting/pinching
	Avoid kneeling/crawling		Use injured hand/arm as light assist only
	Avoid squatting (knees bent > 80 degrees)		Must accommodate splint/brace/crutches/sling
	Can lift up to: 3 5 10 15 20 lbs		No driving commercial vehicle
	Can lift up to : 25 30 35 40 50 lbs		No work at heights exceeding two feet
	May push/pull: 15 30 50 lbs of force		Avoid twisting like mopping/buffing/sweeping
	Alternate between sit/stand as tolerated or		Clerical work only
	Limit prolonged standing or walking		May work hours per day
	Sit down job		May work hours per week
	Keep the injured area dry and clean		Footstool-R/L Foot, alternate on standing jobs
	No use of injured hand/arm		
_____ Additional Comments:			

I hereby certify that the above-named employee has been under my care from _____ to _____
Date

_____ and may return to work (please circle one) ***with*** OR ***without*** physical limitations on
Date

_____.
Date

If physical limitations are indicated above, what is the estimated date that the employee can return to work without physical limitations? _____
Date

Section 3: Physician Signature

Physician's Signature

Date

Kettering City Schools Human Capital Use Only:

Date Received: _____

Reviewed by: _____ Date: _____