ATTENDING PHYSICIAN'S
RETURN TO WORK RECOMMENDATIONS

Village of Skokie
5127 Oakton St., Skokie, IL 60077
847/933-8213 FAX: 847/933-8200

Patient's Name (Last) (First) (Middle Initial)	Date of Injury/Illness

TO BE COMPLETED BY ATTENDING PHYSICIAN - PLEASE CHECK:

DIAGNOSIS/CONDITION (Brief Explanation)

I saw and treated this patient on _____ *(date)* and based on the above description of the patient's current medical problem:

1. ☐ Recommend his/her return to work with no limitations on _____ *(date)*.

2. ☐ He/She may return to work on _____ *(date)* with the following limitations:

CHECK ONLY AS RELATES TO ABOVE CONDITION(S)

	DEGREE	LIMITATIONS
	Sedentary Work. Lifting 10 pounds maximum and occasionally lifting and/or carrying such articles as dockets, ledgers and small tools. Although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met.	1. In an 8-hour work day patient may: a. Stand/Walk ☐ None ☐ 4 - 6 hours ☐ 1 - 4 hours ☐ 6 - 8 hours b. Sit ☐ 1 - 3 hours ☐ 3 - 5 hours ☐ 5 - 8 hours c. Drive ☐ 1 - 3 hours ☐ 3 - 5 hours ☐ 5 - 8 hours 2. Patient may use hands for repetitive ☐ Single Grasping ☐ Pushing & Pulling ☐ Fine Manipulation 3. Patient may use feet for repetitive movement as in operating foot controls ☐ Yes ☐ No 4. Patient is able to: Frequently / Occasionally / Not at all Bend ☐ ☐ ☐ Squat ☐ ☐ ☐ Climb ☐ ☐ ☐ Twist Body ☐ ☐ ☐
	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 negligible amount, a job is in this category when it requires walking or standing to a significant degree or when it involves sitting most of the time with a degree of pushing and pulling of arm and/or leg controls.	
	Medium Work. Lifting 50 pounds maximum with frequent lifting and/or carrying of objects weighing up to 50 pounds.	
	Heavy Work. Lifting 100 pounds maximum with frequent lifting and/or carrying of objects weighing up to 50 pounds	

OTHER INSTRUCTIONS AND/OR LIMITATIONS INCLUDING PRESCRIBED MEDICATIONS:

3. These restrictions are in effect until _____ *(date)* or until patient is reevaluated on _____ *(date)*.

4. He/She is totally incapacitated at this time. Patient will be reevaluated on _____ *(date)*.

5. Referred to: ☐ None ☐ Private Physician _____ *(doctor)* ☐ Return Here _____ *(date)*
☐ A Consultant _____ *(doctor, date & time)*

Physician's Name	Address	Telephone No.
Physician's Signature		Date

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