



Doctor's Return to Work Recommendations

Employee Name: _____ Date of Injury: _____

Company Name: _____ Supervisor: _____

Employee is unable to return to work at this time.

Job Description #1 - Employee's Regular Job Duties

Employee can return to work with no limitations on _____.

Employee can return to work on _____, with limitations listed below.

Medical restrictions indicated, e.g. number of hours lifting, bending, stooping, walking, leave for related medical appointments, medications, etc. Please list below:

Length of time restrictions are expected to last: _____

Job Description #2 - Modified Duty (Transitional) Work

Employee can return to transitional modified duty work on _____.

Medical restrictions are as indicated below:

Length of time transitional work should be expected to last until employee can return to regular work of duties re-visited to more closely match employee's residual function, either increasing or decreasing:

Other Comments:

Doctor's Signature: _____ Date: _____

Doctor's Print Name: _____

Phone: 480.429.8098

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