

Physicians Return to Work Evaluation

Employee ID _____

Employee's Name _____

Date of injury/illness _____

Job title _____

Nature of injury/illness _____

Diagnosis _____

For what period of time will this evaluation be appropriate?

In an 8-14 hour work period, how many consecutive hours are allowed to do the following activities:

Below is a summary of our Modified Duty Job Description. By signing you agree that the employee can perform the duties below as assigned.

Number of Hours:

| | |
|---------------------------------|--|
| Sitting | |
| Driving | |
| Standing | |
| Walking | |
| Pushing | |
| Pulling | |
| Twisting | |
| Climbing | |
| Balancing | |
| Bending | |
| Kneeling | |
| Reaching | |
| Grasping | |
| Performing repetitive movements | |
| Working Outdoors | |
| Working indoors | |

Duties and responsibilities will be assigned based on the availability of work. Work days are expected to be 8-14 hours long up to 40 hours per week. The responsibilities can include but are not limited to:

- Observation in communications
- Billing work
- Scanning documents
- Front desk-reception work
- Office projects
- Equipment check in/out
- Paperwork
- Disinfecting equipment

Does the employee have a weight restriction?

PHYSICAL DEMANDS

These jobs require the ability to sit, stand, write, walk and actively interact with others as assigned.

Yes No

WORK ENVIRONMENT

While performing the duties of this job, the employee is occasionally exposed to wet and/or humid conditions and outside weather conditions.

| |
|--------------------------|
| Weight Restriction (LBS) |
|--------------------------|

Date _____

PHYSICIAN: To assist your patient's return to work, please complete this form in its entirety, sign the form and return this form to *Mecklenburg EMS Agency* by fax 704-943-6229.

Physician Signature _____

Phone _____