Physicians Modified Duty Form

Employee Name: Employee ID: Job Title:

Physical Demands Employee's Full Duty Position:

Our Modified Duty Program was designed to allow an employee with a medical reason, such as injury or illness, to continue to work in a modified capacity if they have restrictions that prevent them from working in their full duty position.

Duties and responsibilities of an employee on modified duty can include but are not limited to administrative duties such as typing, copying, scanning, billing, and answering phone.

The physical demands of an employee on modified duty can include but are not limited to sitting, standing, walking, writing, and repetitive movements.

To assist with the employee's acceptance into the Modified Duty Program, we ask that you complete this form, sign it, and return it to us. You can send the completed form to Safety@medic911.com or by fax to 704-943-6229.

To Be Completed by Treating Physician

Nature of Injury or Illness:

How Long is the Employee Expected to be in a Modified Duty capacity?

Employees on Modified Duty are limited to a 40-hour work week. However, they may work 8-13.5 hours in a day.

If this employee is not able to work 8-13.5 hours per day, up to 40 hours per week, how many hours per day can they work under Modified Duty?

Restrictions: How many hours per day can the employee do the following activities?

Sit		Push/Pull		Bend		Grasp	
Drive		Twist		Kneel		Repetitive Movements	
Stand		Climb		Reach		Work Outdoors	

Weight Restriction (LBS): Additional Restrictions:

Physician Office Representative Name (print):

Physician Office Representative Signature:

Contact Number: Date: