



**RETURN TO WORK FORM**

4909 Shelburne Street, Bismarck, ND 58503  
 701-223-2417 HR Department ext. 126

Employee Name: \_\_\_\_\_ Date of Injury/Illness: \_\_\_\_/\_\_\_\_/\_\_\_\_.

Examination/Treatment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_.

**Patient Has Been Advised of the Following Regarding Return to Work:**

1. \_\_\_\_ **Return to work immediately** with **NO** restrictions.
2. \_\_\_\_ **Medication has been prescribed.** Please indicate any restrictions on the employee's work activities as a result of medication. (Employees of Community Options Inc., must be able to drive)
3. \_\_\_\_ **No return to work until** (date) \_\_\_\_/\_\_\_\_/\_\_\_\_ (no work until this date and no medical restrictions after this date).
4. \_\_\_\_ **Return to work with temporary restrictions** beginning (date) \_\_\_\_/\_\_\_\_/\_\_\_\_ and ending (date) \_\_\_\_/\_\_\_\_/\_\_\_\_.

Next scheduled examination/treatment (date) \_\_\_\_/\_\_\_\_/\_\_\_\_. Please indicate restrictions below:

**Minimum Physical Requirements for Community Options Inc. Employees**

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. While performing the duties of this job, the employee is regularly required to talk and hear. The employee may frequently be required to; use hands to finger, handle, or feel; reach with hands and arms, stoop, knee, crouch, crawl, sit and or stand, and walk for long periods of time, pushing, pulling, climbing stairs or ladders, bending, **driving**, swimming and hot tub. The employee must occasionally lift and/or move up to 50 pounds. The employee may have to assist with lifting customer from ground to standing position, may need to assist in helping customer in and out of car. Specific vision ability required by this job includes close vision, distance vision, peripheral vision, and depth perception.

**Number of Consecutive Hours Patient Can Perform Specified Activity during an 8-hour Work Period**

**Weight Handling Frequencies**

Number of Hours	6-8	4-5	1-3	0
Sitting				
Walking				
Standing				
Pushing				
Pulling				
Climbing				
Bending				
Kneeling				
Reaching				
Grasping				
Stairs				
<b>Driving</b>				
Swimming				

Number of Times Per Hour	15 or More	10-15	1-10	0
Lifting & Carrying				
a. Less than 10 pounds				
b. 10-20 pounds				
c. 20-50 pounds				
d. 50-100 pounds				

Number of consecutive hour's patient can perform the above weight handling frequencies during an 8-hour work period? \_\_\_\_\_

Number of consecutive days the patient can work? \_\_\_\_\_

Number of consecutive hours the patient can work in an 8 hour day? \_\_\_\_\_

Indicate any additional restrictions: \_\_\_\_\_

Attending Physician's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_