MONROE SCHOOL DISTRICT #1J
and SAIF Corporation

CODE: GCBDB-Form
ADOPTED: 05/13/96
REVISED:
REVIEWED: 02/12/07

Return to Work Status

WORKER_____CLAIM NUMBER_____

❏ No Restrictions - Employee may return to regular work
❏ Restricted/Modified Work - Within physical guidelines listed below
❏ Unable to Work - Estimated return to work date _____

Work release date _____ Hours per day _____ Hours per week _____

Total hours (with breaks) patient can sit, stand, walk in an 8-hour day

A. Sit	0	½	1	2	3	4	5	6	7	8	*NR
B. Stand	0	½	1	2	3	4	5	6	7	8	*NR
C. Walk	0	½	1	2	3	4	5	6	7	8	*NR

(*Not Restricted)

Weightlifting Capabilities
❏ 10 pound maximum, 5 pounds frequently
❏ 20 pound maximum, 10 pounds frequently
❏ 50 pound maximum, 25 pounds frequently
❏ over 50 pound maximum, up to 50 pounds frequently

	None	Occasional (up to 33% of time)	Frequent (34%-66% of time)	Continuous (67%-100% of time)
Stoop, twist, bend	❏	❏	❏	❏
Squat, crawl, kneel	❏	❏	❏	❏
Push/pull	❏	❏	❏	❏
Climb	❏	❏	❏	❏
Reach above shoulder	❏	❏	❏	❏

❏ No repetitive gripping or bending of ❏ R ❏ L wrist
❏ No use of ❏ R ❏ L hand
Can use feet for repetition? ❏ Yes ❏ No
Dominant hand ❏ R ❏ L

Comments:_____
_____

Physicians name_____Date_____

Physicians Signature_____

PLEASE PROVIDE YOUR PATIENT WITH A COPY OF THE RELEASE