MARQUETTE UNIVERSITY | BE THE DIFFERENCE.

HEALTHCARE PRACTITIONER'S RETURN TO WORK RECOMMENDATIONS

Employee / Patient Name _____

Department _____ Work-site _____

Date of injury/illness _____ Diagnosis _____

I saw and treated this patient on _____ (date).

❑ I recommend he/she return to work with no limitations on _____ (date).

❑ He/she is unable to work.

❑ He/she may return to work on _____ (date), if the following physical limitations can be accommodated.

These restrictions are: ❑ temporary ❑ permanent.

❑ He/she may work _____ hours a day.

❑ He/she may work _____ hours per day for _____ week(s) then increase to _____ hours per day for _____ week(s).

❑ May frequently lift up to _____ pounds; occasionally lift up to _____ pounds.

❑ Right hand work only	❑ Left hand work only	❑ Light assist of ❑ R / ❑ L hand up to _____ lbs.

❑ May stand up to _____ hours per work day.	❑ May sit up to _____ hours per work day.	❑ May drive up to _____ hours per work day

Patient is able to:	Twist	Bend	Climb	Squat	Overhead Work	Reach	Push/Pull
Not at all (0%)	❑	❑	❑	❑	❑	❑	❑
Occasionally (1 - 33%)	❑	❑	❑	❑	❑	❑	❑
Moderately (34 - 66%)	❑	❑	❑	❑	❑	❑	❑
Frequently (67 - 100%)	❑	❑	❑	❑	❑	❑	❑

Other restrictions and/or instructions: _____

_____

These limitations are in effect until _____ (date). This patient will be reevaluated on _____ (date).

_____ _____

Healthcare practitioner's name (please print) **Street address**

_____ _____

City, State, Zip **Telephone**

Healthcare practitioner's signature _____ **Date** _____

Please return a copy to the Office of Risk Management – 313 N. 13th St., Ste 201 or Email to Risk Management at riskmanagement@marquette.edu