

County of Glenn

RETURN TO WORK AUTHORIZATION FORM



The Employee is P&S from all conditions and the injury has caused permanent partial disability

Employee Last Name Employee First Name MI Date of Injury

Employer Name Employer Street Address

Employer City State Zip Code

The Employee can return to regular work as of ___/___/___

The Employee can work with the following restrictions:

As of: ___/___/___ hours: 1-2 2-4 4-6 6-8 none

Lift/Carry Restrictions: May not lift/carry at a height of ___ more than ___ lbs. for more than ___ hours per day.

Standing [] [] [] [] []

Walking [] [] [] [] []

Sitting [] [] [] [] []

Climbing [] [] [] [] []

Forward Bending [] [] [] [] []

Kneeling [] [] [] [] []

Crawling [] [] [] [] []

Twisting [] [] [] [] []

Keyboarding [] [] [] [] []

R/L/Bilat Hand(s) (circle): Grasping [] [] [] [] []

R/L/Bilat Hand(s) (circle): Pushing/Pulling [] [] [] [] []

Other: (See below) [] [] [] [] []

Describe in what ways the impaired activities are limited:

Large empty box for describing activity limitations.

Large empty box for additional information.

If a Job Description has been provided, please complete: [] Regular [] Modified [] Alternative Work

Job Title: _____ Work Location: _____

Are the work capacities and activity restrictions compatible with the physical requirements set forth in the provided job description? [] Yes [] No, explain below

Empty box for explaining incompatibility.

Physician's Name _____ Role of Doctor (PTP, QME, AME) _____

Physician's Signature _____ Date _____

For questions regarding this form, please contact the Glenn County Personnel Department at (530) 934-6451.

County of Glenn - Personnel, 525 W. Sycamore Street, Willows, CA 95988 (530) 934-6451 main, (530) 934-6452 fax

Physician's Return-to-Work Form Instructions

Who is responsible for filling out this form? The first physician (primary treating physician, Agreed Medical Evaluator, or Qualified Medical Evaluator) who finds that the disability from all conditions for which compensation is claimed has become permanent and stationary (or has reached maximum medical improvement) and finds that the injury has caused permanent partial disability.

What is the purpose of this form? The purpose of the form is to fully inform the employer of the work capacities and activity restrictions resulting from the injury that are relevant to potential regular work, modified work, or alternative work. The information contained on the form is for voucher purposes and is not considered in any permanent impairment rating or any permanent disability indemnity.

Is this a mandatory form? This is a mandatory attachment to the first medical report finding that the disability from all conditions for which compensation is claimed has become permanent and stationary and that the injury has caused permanent partial disability. This form should be attached to a comprehensive medical-legal evaluation and does not replace such comprehensive medical-legal evaluations.

When does the form need to be completed? This form does not need to be completed until all conditions for which compensation is claimed have become permanent and stationary.

If the employer or claims administrator has provided the physician with a job description providing physical requirements of the employee's regular work, proposed modified work, or proposed alternative work, the physician will evaluate and describe in the form whether the work capacities and activity restrictions are compatible with the physical requirements set forth in that job description. The bottom portion of the form does not need to be completed if the physician has not been provided with a job description.

Completing the employee's work restrictions: The physician should indicate work restrictions in terms of how many hours a particular activity is restricted during an 8-hour work day. For hand restrictions, the physician should indicate whether the restrictions are for the right hand, left hand, or both.

Other restrictions can include psychiatric restrictions, chemical exposure, use of equipment, or any other restrictions.

How does the employer receive the form? The claims administrator will forward the form to the employer.