

**Return this form to:**

Employee Services  
 HR Generalist  
 (509) 543-6712  
 FAX (543-6728  
 klacey@psd1.org



**Employee Work Status/  
 Medical Release**  
 Pasco School District #1

<b>General info</b>	Employee's Name:	Employee ID:	Visit Date:
	Healthcare Provider's Name (please print):		

<b>Work status</b>	<input type="checkbox"/> Employee is <b>released</b> to work without restrictions as of (date): ____/____/____  <input type="checkbox"/> Employee <b>may perform modified duty</b> , if available, from (date): ____/____/____ to* ____/____/____ (*estimated date) <input type="checkbox"/> If released to modified duty, may work more than normal schedule <input type="checkbox"/> Employee <b>may work limited hours</b> : ____ hours/day from (date): ____/____/____ to* ____/____/____ (*estimated date) <input type="checkbox"/> Employee <b>is working</b> modified duty or limited hours	<b>Other Restrictions / Instructions:</b>
	<input type="checkbox"/> <b>Not released to any work</b> from ____/____/____ to* ____/____/____ (*estimated date) <input type="checkbox"/> <b>Poor prognosis for return to work</b> at any date	

**How long do the employee's current capacities apply (estimate)?**  
 1-10 days    11-20 days    21-30 days    30+ days    permanent .

<b>Estimate what the worker can do at work unless released without restrictions.</b>	<b>Employee can:</b> A blank space = Not restricted	<b>Never</b>	<b>Seldom</b> 1-10% 0-1 hour	<b>Occasional</b> 11-33% 1-3 hours	<b>Frequent</b> 34-66% 3-6 hours	<b>Constant</b> 67-100% (Not restricted)
	Sit					
	Stand / Walk					
	Perform work from ladder					
	Climb ladder					
	Climb stairs					
	Twist					
	Bend / Stoop					
	Squat / Kneel					
	Crawl					
	Reach <b>Left, Right, Both</b>					
	Work above shoulders <b>L, R, B</b>					
	Keyboard <b>L, R, B</b>					
	Wrist (flexion/extension) <b>L, R, B</b>					
	Grasp (forceful) <b>L, R, B</b>					
	Fine manipulation <b>L, R, B</b>					
	Operate foot controls <b>L, R, B</b>					
	Vibratory tasks; high impact <b>L, R, B</b>					
	Vibratory tasks; low impact <b>L, R, B</b>					

**Note to Employer:**

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May need assistance returning to work

	<b>Never</b>	<b>Seldom</b>	<b>Occas.</b>	<b>Frequent</b>	<b>Constant</b>
<i>Example</i>	<u>50</u> lbs	<u>20</u> lbs	<u>10</u> lbs	<u>0</u> lbs	<u>0</u> lbs
Lift <b>L, R, B</b>	____ lbs	____ lbs	____ lbs	____ lbs	____ lbs
Carry <b>L, R, B</b>	____ lbs	____ lbs	____ lbs	____ lbs	____ lbs
Push / Pull <b>L, R, B</b>	____ lbs	____ lbs	____ lbs	____ lbs	____ lbs

<b>Plans</b>	<input type="checkbox"/> Next scheduled visit in: ____ days ____ weeks or Date: ____/____/____	Treatment concluded
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**Sign**

Signature: \_\_\_\_\_      \_\_\_\_/\_\_\_\_/\_\_\_\_      (    ) \_\_\_\_\_  
 Doctor    ARNP    PA-C      Date      Phone