



Human Resources  
 800 Cushman Street  
 Fairbanks, Alaska 99701  
 Phone: 907-459-6767

**PATIENT INFORMATION**

Patient's Name (Please Print) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date of Injury/Illness: \_\_\_\_\_ Brief diagnosis of injury/illness: \_\_\_\_\_

**PROVIDER MUST COMPLETE THIS SECTION OF THE FORM**

Name of Physician: \_\_\_\_\_ Address or Facility Name: \_\_\_\_\_

I treated this patient on \_\_\_\_\_ and patient has been advised of the following regarding return to work:

1. \_\_\_ **Return to work immediately** with **NO** restrictions
2. \_\_\_ **Unable to return to work until** (date) \_\_\_ / \_\_\_ / \_\_\_ (no work until this date and no medical restrictions after this date).
3. \_\_\_ **Medication has been prescribed.** Please indicate any resulting work restrictions below.
4. \_\_\_ **Return to work with temporary restrictions / Light Duty as listed below** beginning (date) \_\_\_ / \_\_\_ / \_\_\_ ending (date) \_\_\_ / \_\_\_ / \_\_\_. Next scheduled examination/treatment (date) \_\_\_ / \_\_\_ / \_\_\_.

**PROVIDER MUST COMPLETE SECTION BELOW WHEN RESTRICTED DUTY IS IDENTIFIED**

*Because of the nature of injury, the worker is released with the following range of restriction to return to work:*

**----- Lift / Carry / Push / Pull -----**

Frequency	N/A	0-10 #s	10-25 #s	25-50 #s	>50 #s
Never (0)					
Occasionally (1-10x/Hr)					
Frequently (10-15x/Hr)					

Activity	N/A	Never	Occasionally	Repetitively
Bend				
Squat				
Climb				
Crawl				

Restriction	N/A	0 Hours	1-4 Hours	5-8 Hours	9-12 Hours
Standing					
Sitting					
Alternate Sit/Stand					
Driving					
Other:					

**REPETITIVE:** Repetitive grasping / holding / manipulating with right / left /either hand limited to:  
 \_\_\_\_\_  
 \_\_\_\_\_

**MOTION:** Repetitive reaching above shoulder height with right / left / either arm limited to:  
 \_\_\_\_\_  
 \_\_\_\_\_

Additional restrictions or comments: \_\_\_\_\_

Provider's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**ROUTING:** Supervisor: Rec'd by \_\_\_\_\_ on \_\_\_\_\_ Admin: Rec'd by \_\_\_\_\_ on \_\_\_\_\_  
 Dept Head: Rec'd by \_\_\_\_\_ on \_\_\_\_\_ Sent to HR on \_\_\_\_\_ Sent to Risk on \_\_\_\_\_ Sent to Payroll on \_\_\_\_\_