

## Instructions on Returning to Work

Name \_\_\_\_\_

Medical professional name (printed) \_\_\_\_\_

Medical professional signature \_\_\_\_\_

Date \_\_\_\_\_

The patient will have a follow-up evaluation on \_\_\_\_\_.

Recommendations regarding their return to work may be updated at this time.

### Based on the patient's diagnosis, I recommend that they

- Be permitted to return to work without changes to their regular tasks or schedule.
- Be excused from work for \_\_\_\_\_ days or until seen again for follow-up evaluation \_\_\_\_\_.
- Be excused from work for \_\_\_\_\_ days. Following this time, the employee can return to work with changes to their regular tasks or schedule. (See below for recommended changes.) These changes should stay in place until \_\_\_\_\_ or until after a follow-up evaluation on \_\_\_\_\_.
- Be permitted to return to work with changes to their regular tasks or schedule. (See below for recommended changes.) These changes should stay in place until \_\_\_\_\_ or until after a follow-up evaluation on \_\_\_\_\_.

Providing support through an employee assistance program and making changes to an employee's work activities can help them return to a regular routine more quickly and safely.

### Based on the patient's diagnosis and symptoms, please make changes until after their follow-up evaluation.

- |  |   |
|--|---|
| <input type="checkbox"/> No physical activity.   | <input type="checkbox"/> No driving.  |
| <input type="checkbox"/> Reduced physical activity. Limited to:<br>_____                             | <input type="checkbox"/> Reduced driving. Limited to ____ hours per day.                                      |
| <input type="checkbox"/> Shortened workday. Limited to ____ hours per day.                           | <input type="checkbox"/> Extended time to complete tasks.   |
| <input type="checkbox"/> Temporary transfer to position with tasks that do not worsen symptoms.      | <input type="checkbox"/> Provide a quiet place to take rest breaks.   |
| <input type="checkbox"/> Later start time. Suggested start time:<br>_____                            | <input type="checkbox"/> Reduce screen time, such as on computers and tablets. Limited to ____ hours per day. |
| <input type="checkbox"/> No height (such as climbing ladders).                                       | <input type="checkbox"/> Allow use of sunglasses, earplugs, or headphones if bothered by light or noise.      |
| <input type="checkbox"/> No use of machinery or heavy equipment.                                     | <input type="checkbox"/> Provide equipment or assistive technology to help perform tasks.                     |
| <input type="checkbox"/> Reduced use of machinery or heavy equipment. Limited to ____ hours per day. | <input type="checkbox"/> Screen magnification software  |
|  | <input type="checkbox"/> Alternative keyboards  |
|  | <input type="checkbox"/> Screen reading software  |
|  | <input type="checkbox"/> Other: _____   |
|  | <input type="checkbox"/> Allow time for light physical activity (short walks) during the workday.             |