



ANNE ARUNDEL COUNTY PUBLIC SCHOOLS
 DIVISION OF HUMAN RESOURCES
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DOCTOR _____
 NEXT SCHEDULED APPT _____
 PATIENT _____
 BIRTHDATE _____
 JOB TITLE _____

PHYSICIAN RETURN TO WORK AUTHORIZATION

BODY PART(S) INVOLVED: _____

THE PATIENT CAN RETURN TO WORK FULL-TIME _____ PART-TIME _____

CAN THE PATIENT RETURN TO WORK FULL DUTY? YES WHEN? _____ IF YES, skip to signature section.
 NO IF NO, WHICH OF THE FOLLOWING RESTRICTIONS APPLY?

In terms of an eight (8) hour day, the patient can perform the listed activity for the following number of hours:

Continuously, 5 – 8 hours	Frequently, 3-5 hours	Occasionally, 1-3 hours	Not at all
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1) Patient may:

- a. Sit
- b. Stand
- c. Walk

2) Patient may lift:

- a. Sedentary to 10 lbs.
- b. Light 10-20 lbs.
- c. Medium 20-50 lbs.
- d. Heavy 50-100 lbs.
- e. Very heavy 100+

3) Patient may Carry:

- a. Light 0-10 lbs.
- b. Medium 10-25 lbs.
- c. Heavy 25-50 lbs.
- d. Very heavy 50+ lbs.

4) Patient may:

- a. Push
- b. Pull
- c. Twist
- d. Climb
- e. Balance
- f. Stoop
- g. Kneel
- h. Crawl
- i. Reach
- j. Grasp

5) Patient may perform repetitive movement?

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6) Patient may drive:

- a. with clutch
- b. heavy equipment

ARE THESE RESTRICTIONS: TEMPORARY? YES IF YES, FOR HOW LONG? _____
 PERMANENT? YES

Specify any environmental requirements or assistive devices, if applicable:

Signature of MD _____ Date _____

Address _____

Telephone Number _____ Fax Number _____