

# RELEASE TO RETURN TO WORK

## Human Resources Department Lincoln Public Schools

(Use Black or Blue Ink)

Phone: 402-436-1382  
Fax: 402-458-3274

Lincoln Public Schools employees who have surgery, have an accident resulting in injury and/or treatment by a medical provider, have a major health issue such as heart attack; stroke; loss of consciousness; disease; removed from the building by emergency personnel, etc., need to have this form completed by the treating physician prior to returning to work. **If the form notes restrictions, the form must be in the Human Resources office at LPSDO with sufficient work days to schedule Health Care Response Team meeting if necessary. Forms releasing the employee to full duty with no restriction need to be in Human Resources by the day of release.**

### TO BE COMPLETED BY EMPLOYEE:

Name and ID#: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Position: \_\_\_\_\_ Building Name: \_\_\_\_\_

Date of surgery/incident: \_\_\_\_\_ Absence Date(s): \_\_\_\_\_

Type of surgery/treatment/diagnosis: \_\_\_\_\_

### TO BE COMPLETED BY PHYSICIAN:

Employee is released to full duty with no limitations/restrictions on (provide date): \_\_\_\_\_

#### OR

Employee is released to **modified duty with the following restrictions:** (check all that apply)

**Note:** As tolerated or similar language is not acceptable. Restrictions are in place beginning and ending as noted. End date can be next appointment date but the beginning and end dates must be supplied.

Restrictions begin (date): \_\_\_\_\_ Restrictions end (date): \_\_\_\_\_  
*(required field)* *(required field)*

#### Other Specific Restrictions:

<p><b>Patient is able to:</b></p> <table border="0"> <tr> <td></td> <td><b>33% or less of day</b></td> <td><b>34-64% of day</b></td> <td><b>65% or greater of day</b></td> </tr> <tr> <td>Bend:</td> <td><input type="checkbox"/> Occasional</td> <td><input type="checkbox"/> Frequent</td> <td><input type="checkbox"/> Constant</td> </tr> <tr> <td>Squat:</td> <td><input type="checkbox"/> Occasional</td> <td><input type="checkbox"/> Frequent</td> <td><input type="checkbox"/> Constant</td> </tr> <tr> <td>Climb Stairs:</td> <td><input type="checkbox"/> Occasional</td> <td><input type="checkbox"/> Frequent</td> <td><input type="checkbox"/> Constant</td> </tr> <tr> <td>Climb Ladders:</td> <td><input type="checkbox"/> Occasional</td> <td><input type="checkbox"/> Frequent</td> <td><input type="checkbox"/> Constant</td> </tr> <tr> <td>Twist at Trunk:</td> <td><input type="checkbox"/> Occasional</td> <td><input type="checkbox"/> Frequent</td> <td><input type="checkbox"/> Constant</td> </tr> <tr> <td>Reach Overhead:</td> <td><input type="checkbox"/> Occasional</td> <td><input type="checkbox"/> Frequent</td> <td><input type="checkbox"/> Constant</td> </tr> <tr> <td>Kneel:</td> <td><input type="checkbox"/> Occasional</td> <td><input type="checkbox"/> Frequent</td> <td><input type="checkbox"/> Constant</td> </tr> <tr> <td><b>Maximum Lift/Carry Weight:</b></td> <td colspan="3">_____</td> </tr> </table>		<b>33% or less of day</b>	<b>34-64% of day</b>	<b>65% or greater of day</b>	Bend:	<input type="checkbox"/> Occasional	<input type="checkbox"/> Frequent	<input type="checkbox"/> Constant	Squat:	<input type="checkbox"/> Occasional	<input type="checkbox"/> Frequent	<input type="checkbox"/> Constant	Climb Stairs:	<input type="checkbox"/> Occasional	<input type="checkbox"/> Frequent	<input type="checkbox"/> Constant	Climb Ladders:	<input type="checkbox"/> Occasional	<input type="checkbox"/> Frequent	<input type="checkbox"/> Constant	Twist at Trunk:	<input type="checkbox"/> Occasional	<input type="checkbox"/> Frequent	<input type="checkbox"/> Constant	Reach Overhead:	<input type="checkbox"/> Occasional	<input type="checkbox"/> Frequent	<input type="checkbox"/> Constant	Kneel:	<input type="checkbox"/> Occasional	<input type="checkbox"/> Frequent	<input type="checkbox"/> Constant	<b>Maximum Lift/Carry Weight:</b>	_____			<p><b>In an 8-hour day, patient may:</b></p> <p>Stand/Walk: <input type="checkbox"/> None <input type="checkbox"/> 1-3 hours <input type="checkbox"/> 3-5 hours <input type="checkbox"/> 5-8 hours</p> <p>Sit: <input type="checkbox"/> 1-3 hours <input type="checkbox"/> 3-5 hours <input type="checkbox"/> 5-8 hours</p> <p>Drive: <input type="checkbox"/> 1-3 hours <input type="checkbox"/> 3-5 hours <input type="checkbox"/> 5-8 hours</p> <p><b>May use hands for repetitive activity:</b></p> <p>Simple Grasping: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Pushing/Pulling: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Fine Manipulation: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>May use foot/feet to operate controls:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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#### Other Specific Restrictions:

Physician Signature: \_\_\_\_\_

Physician Typed/Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

### HUMAN RESOURCES USE ONLY:

Date reviewed and approved for return to work: \_\_\_\_\_

Name of Supervisor notified: \_\_\_\_\_

Signature of Human Resources Supervisor approving return to work: \_\_\_\_\_