Office of Human Resources G-8 Sutton Hall 724-357-2431 724-357-2685 (fax)

Employee Release to Return to Work

Patient:		
(name)		
Is released to return to work on:(date)		
With (check one):		
No restrictions on work activities		
May not lift/carry more thMay not push/pull more t		tions check sheet on
Date of expected release from restriction	ons:	
If release date unknown, date of next a	ppointment and evaluation:	
By providing my original signature, the undersi on this form is true and accurate.	gned health care provider certifies the	at the information provided
Printed name of health care provider	Type of practice	License number
Address		Telephone number
Name and title of person completing this form	, if not the health care provider	1
Signature of health care provider		Date

Physical Activity Permitte		itted?	Frequency?	
	Yes	No	Occasionally	Frequently
Lift and Carry				
0 to 10 lbs.				
10 to 25 lbs.				
25 to 50 lbs.				
Over 50 lbs.				
Push and Pull				
0 to 10 lbs.				
10 to 25 lbs.				
25 to 50 lbs.				
Over 50 lbs.				
Reach above shoulder				
Reach at shoulder				
Reach below shoulder				
Climb ladder				
Climb stairs				
Crawl				
Kneel				
Mop/Sweep				
Ride				
Shovel				
Sit				
Stand				
Stoop/Bend				
Stretch				
Twist				
Walk				
Hand Movement	Left	Right	Occasionally	Frequently
¹ Handling				
² Fingering				
³ Grasping				
Foot Movement	Left	Right	Occasionally	Frequently
Depressing foot pedals in operation of motor vehicle or motorized equipment				

¹Handling: Primarily working with the whole hand or arm, e.g., lifting a ream of paper.

²Fingering: Picking, pinching, typing or otherwise working primarily with fingers rather than with the whole hand or arm (e.g., picking up a pen).

³Grasping: Applying pressure to an object with the fingers and palm, e.g., removing a book from a shelf.