



HUMAN RESOURCES
 155 N First Ave. Ste 270, MS 11
 Hillsboro, OR 97124
 Office: 503-846-8328
 Fax: 503-846-3720

Release to Work

ATTENTION:

This form is not to be used in conjunction with a Workers Compensation claim. Please contact Risk Management at 503-846-8755 for Workers Compensation "Release to Return to Work" form.

Please complete the following information and return to employee or address on form

Employee Name _____

Job title _____

Department _____

Supervisor _____

Is this employee released to full duty? YES NO
 NO RESTRICTIONS

| Released to work | | Hourly limitation per day | |
|-------------------------|--|---------------------------|--|
| Number of days per week | | Sit | |
| Number of hours per day | | Stand | |
| Overtime hours | | Walk | |
| | | Drive | |

| Body Movements | 0% | 1-5% | 6-30% | 31-60% | 61-100% |
|--------------------------|----|------|-------|--------|---------|
| Bend/Stoop | | | | | |
| Climb-Ladder | | | | | |
| Climb-Stairs | | | | | |
| Crawl | | | | | |
| Crouch/Squat | | | | | |
| Kneel | | | | | |
| Maintaining Balance | | | | | |
| Twist | | | | | |
| Use of foot controls | | | | | |
| Walk-level surfaces | | | | | |
| Walk- uneven surfaces | | | | | |
| Upper Extremities | | | | | |
| Grasp/Grip | | | | | |
| Pinch/Squeeze | | | | | |
| Reach-Overhead | | | | | |
| Reach-Shoulder Level | | | | | |
| Forward Reach | | | | | |
| Use of Hands | | | | | |
| Use of Wrists | | | | | |
| Environment | | | | | |
| Chemicals | | | | | |
| Electrical | | | | | |
| Extreme Temperatures | | | | | |
| Glove use | | | | | |
| Heights | | | | | |
| Noise | | | | | |
| Speaking | | | | | |
| Vibrations | | | | | |
| Working Alone | | | | | |
| Other: | | | | | |
| | | | | | |

Are there any other functional limitations or modifications necessary in worker's employment? Yes No

If yes, Please explain limitations/modifications.

If the employees position requires driving, Yes No is the employee capable of driving a vehicle considering physical abilities and current medications?

Additional Comments:

| Physical Activities | 0% | 1-5% | 6-30% | 31-60% | 61-100% |
|---------------------|----|------|-------|--------|---------|
| Lifting - | | | | | |
| Up to 10lbs | | | | | |
| 11 - 25lbs | | | | | |
| 26 - 50lbs | | | | | |
| 51 - 75lbs | | | | | |
| Over 75lbs | | | | | |
| Carry - | | | | | |
| Up to 10lbs | | | | | |
| 11 - 25lbs | | | | | |
| 26 - 50lbs | | | | | |
| 51 - 75lbs | | | | | |
| Over 75lbs | | | | | |
| Push - | | | | | |
| Up to 10lbs | | | | | |
| 11 - 25lbs | | | | | |
| 26 - 50lbs | | | | | |
| 51 - 75lbs | | | | | |
| Over 75lbs | | | | | |

If applicable restrictions remain in effect until: _____

Signature of Physician _____ Date _____

Physicians Printed Name _____

Type of practice _____

Phone Number _____