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RETURN TO WORK FORM

Patient: _____ Today's Date: _____

Diagnosis: _____

- ☐ Patient had an appointment in our office today. Please excuse from work / school.
- ☐ May not return to work / school in any capacity at this time.
- ☐ May return to work / school with restrictions below on actual _____ estimated _____ (date).
- ☐ Approximate duration of work restrictions: _____ Days / Weeks / Months.
- ☐ May return to work without restrictions on: actual _____ estimated _____ (date).

Restrictions

- No use of injured extremity
- May use injured extremity assisting light tasks
- Work at waist level or below only
- No lifting with the injured hand / shoulder more than 1lb. 5lbs. 10lbs. 20lbs. 30lbs. 50lbs. o No overhead activities
- No activities without brace / cast
- No repetitive activities
- No ladder climbing
- No lifting over 1lb. 5lbs. 10lbs. 20lbs. 30lbs. 50lbs.
- Sit down job only
- No standing more than _____ minutes per hour
- No kneeling or squatting
- Ambulation with crutches / walker / cane for _____ Days / Weeks / Months
- Additional limitations:

Next appointment:

Signature _____

- If the above restrictions cannot be met, the patient may not return to work at this time.
- Patient must not operate machinery including automobiles if taking narcotics.

