Physician 'Return to Work' Evaluation Form

Employer/Injured Employee Information

Employer: _____ **Contact Person**:
Employer's phone # ( ) - **Insurance Carrier**: LUBA Workers' Comp
Name of Injured Employee: _____ **Employee SSN:** - -
Employee phone # ( ) - **Date of Injury:**
Occupation: _____ **Type of Injury:** _____

Physician's Evaluation *(to be completed by physician only)*

Diagnosis: _____

Treatment Plan: _____

Patient is able to perform the following level of work

The US Dept. of Labor classifies five degrees of work in terms of lifting requirements.
Check the exact degree of work this patient is capable of performing.

_____ **Sedentary Work** (lift 10 lbs max; occasionally lifting and/or carrying small articles, occasional walking and standing)
_____ **Light Work** (lift 20 lbs max with frequent lifting and/or carrying objects weighing up to 10 lbs and involves sitting most of the time with a degree of pushing/pulling of arm and/or leg controls)
_____ **Medium Work** (lift 50 lbs max with frequent lifting and/or carrying of objects no more than 25 lbs)
_____ **Heavy Work** (lift 100 lbs max with frequent lifting and/or carrying of objects no more than 50 lbs)
_____ **Very Heavy Work** (lift objects > than 100 lbs with frequent lifting and/or carrying objects weighing 50 lbs or more)

In an eight hour day, patient is able to perform at the following level:

Standing.....	☐ No Activity	☐ 1 – 4 hrs	☐ 4 – 6 hrs	☐ 6 – 8 hrs	☐ 8 – 12 hrs
Walking	☐ No Activity	☐ 1 – 4 hrs	☐ 4 – 6 hrs	☐ 6 – 8 hrs	☐ 8 – 12 hrs
Sitting	☐ No Activity	☐ 1 – 4 hrs	☐ 4 – 6 hrs	☐ 6 – 8 hrs	☐ 8 – 12 hrs
Driving.....	☐ No Activity	☐ 1 – 4 hrs	☐ 4 – 6 hrs	☐ 6 – 8 hrs	☐ 8 – 12 hrs
Bending	☐ No Activity	☐ 1 – 4 hrs	☐ 4 – 6 hrs	☐ 6 – 8 hrs	☐ 8 – 12 hrs
Squatting.....	☐ No Activity	☐ 1 – 4 hrs	☐ 4 – 6 hrs	☐ 6 – 8 hrs	☐ 8 – 12 hrs
Climbing.....	☐ No Activity	☐ 1 – 4 hrs	☐ 4 – 6 hrs	☐ 6 – 8 hrs	☐ 8 – 12 hrs
Pushing/Pulling ..	☐ No Activity	☐ 1 – 4 hrs	☐ 4 – 6 hrs	☐ 6 – 8 hrs	☐ 8 – 12 hrs
Grasping	☐ No Activity	☐ 1 – 4 hrs	☐ 4 – 6 hrs	☐ 6 – 8 hrs	☐ 8 – 12 hrs
Manipulating	☐ No Activity	☐ 1 – 4 hrs	☐ 4 – 6 hrs	☐ 6 – 8 hrs	☐ 8 – 12 hrs

R / L hand / arm / foot / leg ☐ has no use ☐ has limited use as identified above ☐ cannot perform repetitive motion

The above restrictions are: ☐ Permanent ☐ Temporary until _____

Return to Work

Can resume **modified** work duties on: _____ Can resume **full (regular) work** duties on: _____
Other restrictions or comments: _____
Medical Facility: _____ Phone number: (_____) _____
Physicians name: _____ Physicians signature: _____ Date: _____
Patient's follow up appointment with Dr. _____ on _____ at _____

Fax to LUBA Workers' Comp
laims Dept - 1-(225)-389-9300 LUBA Care – 1-(225)-216-4260 5822-2273-5.2