Instructions on Returning to Work

		was seen on				
	(Patient name)	-	(Date)			
by						
(Healthcare Provider name or Office/Clinic name)						
Signature: Contact		information:				
The patient will have a follow-up evaluation in Recommendations regarding their return to work may be updated at this time.						
Based on the patient's diagnosis, I recommend that they:						
0	Be permitted to return to work without changes to their regular tasks or schedule.					
0	Be excused from work for days or until seen again for a follow-up evaluation on .					
0	Be excused from work for days. Following this time, the employee can return to work with changes to their					
	regular tasks or schedule. (See below for recommended changes.) These changes should stay in place for					
or until after a follow-up evaluation on						
0	Be permitted to return to work with changes to their regular tasks or schedu	ule. (See below for	recommended			
	<i>changes.)</i> These changes should stay in place for	or until after a foll	ow-up evaluation on			

Providing support through an employee assistance program and making changes to an employee's work activities can help them return to a regular routine more quickly and safely.

Based on the patient's diagnosis and symptoms, please make the changes checked below until after their follow-up evaluation.

0	No physical activity.	Ο	O No driving.	
0	Reduced physical activity. Limited to:	0	Reduced driving. Limited to hours per day.	
Ο	Shortened workday. Limited to hours per day.	0	Extended time to complete tasks.	
0	Temporary transfer to position with tasks that do not worsen symptoms.	0	Provide a quiet place to take rest breaks.	
0	Later start time. Suggested start time:	0	Reduced screen time, such as on computers and tablets. Limited to hours per day.	
0	No heights (such as climbing ladders).	0	Allow use of sunglasses, earplugs, or headphones if bothered by light or noise.	
0	No use of machinery or heavy equipment.	0	Provide equipment or assistive technology to help perform tasks.	
			O Screen magnification software	
			Alternative keyboards	
			Screen reading software	
			O Other:	
0	Reduced use of machinery or heavy equipment. Limited to hours per day.	0	Allow time for light physical activity (short walks) during the workday.	
0	Other:		CDC	

