FMLA RETURN TO WORK AUTHORIZATION FORM

Name of Physician:_____ Name of Employee: _____

Instructions: Physician complete in full.

1. Medical Diagnosis: _____

2a. In an 8 hour workday, how many hours can this employee: (please check appropriate boxes)

Sit	☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8	☐ Continuously	☐ With Rests
Stand	☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8	☐ Continuously	☐ With Rests
Walk	☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8	☐ Continuously	☐ With Rests

2b. In a given day, for how many hours can this employee sit, stand, and/or walk in combination?

☐2 ☐4 ☐6 ☐8 ☐10 ☐12 ☐14 ☐16 ☐Greater than 16

3a. Other Capabilities: (please check appropriate boxes)

	Never	Occasionally	Frequently	Continuously
Lift				
0-10 lbs	☐	☐	☐	☐
11-20 lbs	☐	☐	☐	☐
21-50 lbs	☐	☐	☐	☐
50-100 lbs	☐	☐	☐	☐
Carry				
0-10 lbs	☐	☐	☐	☐
11-20 lbs	☐	☐	☐	☐
21-50 lbs	☐	☐	☐	☐
50-100 lbs	☐	☐	☐	☐
Bend	☐	☐	☐	☐
Squat	☐	☐	☐	☐
Climb	☐	☐	☐	☐
Run	☐	☐	☐	☐
Reach above shoulder level	☐	☐	☐	☐
Operate a motor vehicle	☐	☐	☐	☐

3b. Upper Extremities:

Which hand is dominant? ☐Right ☐Left

Can this employee perform repetitive actions such as:

	Simple Grasping	Pushing and Pulling	Fine Manipulation
Right	☐ Yes ☐No	☐ Yes ☐No	☐ Yes ☐No
Left	☐ Yes ☐No	☐ Yes ☐No	☐ Yes ☐No

3c. Lower Extremities:
Use of feet/legs for repetitive movement as in operation of foot controls and motor vehicles:

Right Extremity	Left Extremity	Simultaneously
☐ **Yes** ☐ **No**	☐ **Yes** ☐ **No**	☐ **Yes** ☐ **No**

4. Work Environment Restrictions:
Can this employee:

Be exposed to marked changes in temperature and humidity?	☐ Yes ☐ No
Be exposed to unprotected heights?	☐ Yes ☐ No
Be around moving machinery?	☐ Yes ☐ No

5. Other Restrictions, please explain:_____

_____

6. Based on your examinations(s) of this employee, are there any known problems of a general nature, including any medications prescribed for the diagnosis listed, that would interfere with this employee returning to work? ☐No ☐Yes, please explain: _____
_____

7. Patient may return to work: With restrictions on _____ (date).
: Without restrictions on _____ (date).

8. When, in your estimation, will this employee no longer be subject to restrictions _____ (date).

Physician's Signature	Telephone Number	Date