



PROVIDER'S RELEASE TO RETURN TO DUTY: INJURY | MEDICAL CONDITION

PART I

PATIENT INFORMATION			
Name (First, Last):		Date of Birth:	
Department:			

INJURY/EVENT DESCRIPTION			
Category:	<input type="checkbox"/> On-Duty (W/C)	<input type="checkbox"/> Off-Duty	<input type="checkbox"/> Fit-for-Duty Evaluation <input type="checkbox"/> Other
Date of Injury/Medical Event: (MM/DD/YY)	Date of First Medical Evaluation: (MM/DD/YY)	Next Appointment: (MM/DD/YY)	
Dx   ICD-10:			

PROVIDER RECOMMENDATIONS			
<input type="checkbox"/> <b>Cleared for Full Active-Duty Status</b> <i>Released for active duty per department-specific job tasks outlined in Appendix A.</i>		Date Cleared to Return to Full Duty: (MM/DD/YY)	
<input type="checkbox"/> <b>Cleared for Modified/Light Duty Status</b> <i>Released for modified duty, contingent on restrictions and/or accommodations noted below. Refer to Appendix A (department-specific job tasks) for Limited-Modified Duty assignments.</i>		Date Released for Modified/Light Duty: (MM/DD/YY)	Anticipated Release to Full Duty: (MM/DD/YY)
Limited Hours per Day:		Limited Days per Week:	
RESTRICTIONS:			
ACCOMMODATIONS:			
<input type="checkbox"/> See Attachment A: <i>Specific Restrictions</i> for additional information.			
<input type="checkbox"/> <b>Not Cleared for Full Active Duty or Modified/Light Duty Status</b> <i>Patient condition does not warrant return to active-duty or modified-duty status, per job functions outlined in Appendix A (department-specific job tasks).</i>		Anticipated Release to Duty: <input type="checkbox"/> Full <input type="checkbox"/> Modified (MM/DD/YY)	

CURRENT TREATMENT RECOMMENDATIONS	
Clinical Notes:	Next Appointment Scheduled: (MM/DD/YY)
Physical Therapy:	
Referrals:	
Additional Comments:	

PROVIDER INFORMATION	
<i>I attest that the above-named patient has been under my care for the condition noted above, and that I have assessed their fitness for duty in accordance with the job tasks listed in Appendix A (as outlined per specific department).</i>	
Provider Name:	
Provider Signature:	Date: (MM/DD/YY)