



# University Health

## Employment Release Form

Employee: \_\_\_\_\_ Employee ID# \_\_\_\_\_

Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

Normal Work Week is: \_\_\_\_\_ Hours per Day: \_\_\_\_\_ Days per Week: \_\_\_\_\_

Shift Begin Time: \_\_\_\_\_ Shift End Time: \_\_\_\_\_

### PHYSICIAN'S STATEMENT

According to the University Health System Leave of Absence policy, before an employee may return to work, the return to work clearance process must be fully completed. **Based on the employee's current medical examination and the job description, please complete the following:**

	<u>Never</u> (0%)	<u>Occasionally</u> (1-30%)	<u>Frequently</u> (31-60%)	<u>Continuously</u> (61-100%)
<b>Lift or Carry</b>				
1-10 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11-20 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21-40 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41-60 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61 or more lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Bending/stooping</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Walking</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sitting</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Climbing</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Standing</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reaching above shoulder level</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Driving equipment/vehicle</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Working with machinery</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other restrictions: \_\_\_\_\_

Employee can return to work with no restrictions on: \_\_\_\_\_

Employee can return to work on: \_\_\_\_\_ if the job description is modified with the above restrictions.

Restrictions will be re-evaluated on: \_\_\_\_\_ **or**  Restrictions will end on: \_\_\_\_\_

Employee remains unable to work because of the following reason(s): \_\_\_\_\_ until the following date \_\_\_\_\_ (New employment release form will be required).

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Date