Charles County Government

Return to Work Medical Evaluation Form

Your cooperation in completing this form is vital to our efforts in determining the work potential or the continuing absence of your patient. It is our desire to assist our employee and your patient to return to work as soon as possible, and to assist him/her in performing essential job functions. The information you provide us is vital to us regarding the following:

- Employee's working without risk of further injury;
- Assessing the provision of a temporary duty assignment, if necessary, that meets the employee's needs and the needs of Charles County Government;
- Assessing the provision of any temporary, reasonable accommodations to aid the employee in performing his/her duties.

****NOTE: ATTACHED IS THE EMPLOYEE'S JOB DESCRIPTION**

Employee's Name: **Date of Injury/Illness/Surgery:**

The patients return to work status is:

Return to regular work full time/full duty with no restrictions: ☐ Date:

Able to return to work with noted restrictions ☐ Date with restrictions:
(Under "additional comments" list restrictions)

Unable to return to work until next evaluation ☐ Date of next evaluation:

Lifting Restrictions:
None ☐ 40-50 lbs. ☐ 30-39 lbs. ☐ 20-29 lbs. ☐ 10-19 lbs. ☐ Other ☐ _____

Other Restrictions:
Can the employee drive County vehicles or operate County heavy equipment without restrictions: Yes ☐ No ☐
Is the employee under medication that could affect ability to work/drive: Yes ☐ No ☐
Limit daily work to _____hour(s) a day.
Limit standing to _____hour(s) a day. Must the employee perform sedentary work only?: ☐ How long?

Follow Up Plan of Treatment:
None ☐
Return visit on: at: a.m. OR p.m.
Has the employee met MMI (maximum medical improvement)? Yes ☐ No ☐ If not, when expected? _____

Referred to another health care provider/facility ☐ Name:

ADDITIONAL COMMENTS (include any restrictions):

**Continue on back if additional space needed.

Health Care Provider's signature: **Health Care Provider's printed name and/or stamp:**

Date signed: **Phone number:**

Street address: **City, State and Zip code:**