

Employer: College Place School District #250
1755 South College Avenue
College Place, WA 99324

Employee/Patient: _____ Date of Injury: _____

School/Department: _____ Today's Date: _____

Work Status:

- Is released from work until the follow up appointment listed below
- Return to transitional duty as described below
Restrictions below start on _____ and will be followed until next doctor visit
- Return to work on _____ with no restrictions

Restrictions (if transitional duty noted above):

Transitional duty is offered at the discretion of the employer.

Back/Abdominal Restrictions

- _____ No Lifting > ___pounds
- _____ No Stoopng, bending, or twisting
- _____ No climbing (ladders, stairs, etc)
- _____ No prolonged sitting or standing
- _____ No prolonged vibration

Hand Restrictions

Right Left

- _____ No Use of Hand
- _____ No gripping, twisting, or forceful twisting
- _____ No keyboard work
- _____ No keying more than ___ hrs/day
- _____ No hand tool use
- _____ No trauma to base of hand

Lower Extremity Restrictions

- _____ No weight bearing
- _____ Partial weight bearing approved

Upper Extremity Restrictions

- _____ No reaching overhead (shoulder movement)
- _____ Limited overhead reaching
specifically: _____

Sutures

- _____ Keep wound clean and dry
- _____ No exposure to heat cold chemicals

Safety Warnings

- _____ Do not operate heavy machinery (forklifts, etc)
- _____ Do not drive a vehicle

Other Restrictions: _____

Physician's Information

Physician's Signature: _____ Date: _____

Physician's Printed Name _____

Clinic or Medical Facility _____

Office Contact Phone Number _____

Follow Up Appointment: Date _____ Time _____