

Sedgwick Claims Management Services, Inc.  
P.O. Box 14424; Lexington, KY 40512-4424  
Phone: 1-877-576-8149

Please fax completed form to Sedgwick at: 866-315-0607 **at least 48 hours prior to returning to work.**

**Assessment for Return to Work**

Employee: \_\_\_\_\_ Date of Last Appointment: \_\_\_\_\_

Claim #: \_\_\_\_\_ Next Office Visit: \_\_\_\_\_

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

Return to work full duty without restrictions effective: \_\_\_\_\_

The patient is released to work with the following restrictions effective: \_\_\_\_\_ through: \_\_\_\_\_

Will treating provider allow restrictions to be lifted without an additional exam? \_\_\_\_\_

If no, please provide date of exam in which re-evaluation will take place: \_\_\_\_\_

In an 8 hour day, indicate the amount of weight (lbs) the patient can:	Never	0.5 - 2.5 hrs 1-33% Occasionally	2.6-5 hrs 34-66% Frequently	5.1-8 hrs 67-100% Continuously
Lift/Carry	lbs	lbs	lbs	lbs
Push/Pull	lbs	lbs	lbs	lbs
<b>Indicate (by an "X") whether the patient can:</b>				
Bend/Stoop/Crouch				
Climb stairs				
Balance				
Twist Upper Body				
Reach At Shoulder Level				
Reach Above Shoulder Level				
Squat/Kneel				
Use hands repetitively				
Handwrite				
Flex/extend neck				
Keyboard R hand				
Keyboard L hand				
Mouse				
Speak				
Other				
<b>If the employer has work available that does not exceed the functional thresholds listed above, the patient can:</b>				
Sit up to ____ hours/day, <b>Stand</b> up to ____ hours/day, <b>Walk</b> up to ____ hours/day <b>Drive</b> up to ____ hours/day				
<b>Work overtime:</b>	<b>Yes</b>	<b>No</b>		
<b>If no, please indicate duration of time the employee should not work overtime:</b>				
<b>If breaks are needed, specify duration and frequency of breaks:</b>				
<b>Indicate if additional work can be performed after taking breaks:</b>	<b>Yes</b>	<b>No</b>		
<b>Additional Limitations/Recommendations:</b>				

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic Information" as defined by GINA includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Physician's Signature

Print Name

Specialty

Date