|  |  |  |
| --- | --- | --- |
| *Return form to:*  | **City of Astoria, ATTN: Human Resources****1095 Duane Street****Astoria, OR 97103****hr@astoria.or.us****503-298-2434** | **RETURN-TO-WORK STATUS** |
|  |
|  |
| Worker’s name: |  | Claim number (if known): |  |
| Next scheduled appointment date: |  |  |
| **Is the worker expected to materially improve from medical treatment or the passage of time?** [ ]  **Yes** [ ]  **No** |
|  |
| **WORK STATUS** *(Select one option)*  |  |
|  |
|  |  |
| [ ]  | **OPTION 1 – Released to Regular Work** |  | Status from (date): |  |  |
|  | Released to the ***hours routinely worked and*** ***tasks routinely performed in the job held at the time of injury.*** |
|  |  |
| [ ]  | **OPTION 2 – Not Released to Work** |  | Status from (date): |  | to: |  |  |
|  | The worker is ***not capable of performing any work activities***. |
|  |  |
| [ ]  | **OPTION 3 – Released to Modified Work** |  | Status from (date): |  | to: |  |  |
|  | Released to work, ***subject to the following work restrictions (note only those that are applicable):*** |
|  | **Total work hours:** |  | hours/day |
|  | **Lift/carry/push/pull restrictions** |
|  |  | ***One-time*** | ***≤ 1/3 of workday*** | ***1/3-2/3 of workday*** | ***≥ 2/3 of workday*** | ***Duration*** |
|  |  ***Lift:*** |  |  | pounds |  |  | pounds  |  |  | pounds  |  |  | pounds  |  |  | hrs./day |  | hrs./one time |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | ***Carry:*** |  |  | pounds |  |  | pounds |  |  | pounds |  |  | pounds |  |  | hrs./day |  | hrs./one time |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  ***Push:*** |  |  | pounds |  |  | pounds |  |  | pounds |  |  | pounds |  |  | hrs./day |  | hrs./one time |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  ***Pull:*** |  |  | pounds |  |  | pounds |  |  | pounds |  |  | pounds |  |  | hrs./day |  | hrs./one time |
|  |  |  |  |  |  |  |
|  | **Activity restrictions** |
|  |  ***Stand:*** |  | hrs./day |  | hrs./one time |  |  ***Twist:*** |  | hrs./day |  | hrs./one time |  |  ***Crawl:*** |  | hrs./day |  | hrs./one time |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  ***Walk:*** |  | hrs./day |  | hrs./one time |  |  ***Climb:*** |  | hrs./day |  | hrs./one time |  |  ***Crouch:*** |  | hrs./day |  | hrs./one time |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  ***Sit:*** |  | hrs./day |  | hrs./one time |  |  ***Bend:*** |  | hrs./day |  | hrs./one time |  |  ***Balance:*** |  | hrs./day |  | hrs./one time |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  ***Drive:*** |  | hrs./day |  | hrs./one time |  |  ***Above- shoulder- reach:*** |  |  |  |  ***Below- shoulder- reach:*** |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  ***Kneel:*** |  | hrs./day |  | hrs./one time |  |  | hrs./day |  | hrs./one time |  |  | hrs./day |  | hrs./one time |
|  |  |  |  |  |  |  |  |  |
|  | **Hand use restrictions** |  | **Foot use restrictions** |
|  |  ***Fine actions:*** |  | hrs./day L hand |  | hrs./day R hand |  |  ***Raise:*** |  | hrs./day L foot |  | hrs./day R foot |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  ***Keyboarding:*** |  | hrs./day L hand |  | hrs./day R hand |  |  ***Push:***  |  | hrs./day L foot |  | hrs./day R foot |
|  |  |  |  |  |  |  |  |  |  |
|  |  ***Grasp:*** |  | hrs./day L hand |  | hrs./day R hand |  |
|  |  |  |
|  | **Notes / other restrictions:**  |  |
|  |  |
| Medical provider’s signature: |  |  | Date: |  |  |
| Print medical provider’s name: |  |  | Phone no.: |  |  |
| 440-3245 (2/16/DCBS/WCD/WEB) |  |