



RETURN TO WORK RELEASE

EMPLOYEE: Please have your health care provider review your attached job description and complete this form before you return to work.

Employee Name _____

Date the condition began: _____

Health Care Provider: Please review the attached job description for this employee and complete this form.

I saw and treated this patient on _____. Based on the patient's current medical problem and job description attached, this patient may return to work on _____ with no limitations or restrictions.

Please indicate restrictions if any:

	Number of Hours able to perform	Check if no restrictions
Standing		
Walking		
Carrying No. of LBS.		
Sitting		
Lifting		
Pushing/Pulling No. of LBS.		
Use of Hands – Repetitive Motions		

Please note any other restrictions or concerns: _____

Signature of Health Care Provider: _____

Print name of Health Care Provider: _____

PVNH CNA Duties for Work restrictions

Please indicate activities allowed and at what percent of the shift these can occur:

Activity	% of time allowed/shift	Activity	% of time allowed/shift
Bending: Yes/No		Lifting: Yes/No	
Squatting: Yes/No		Standing: Yes/No	
Twisting: Yes/No		Stair Climbing: Yes/No	
Pushing: Yes/No		Sitting: Yes/No	

Sedentary Duty:

- 1:1 sitting with residents
- Answer phones

One arm restrictions- Check Duties Allowed:

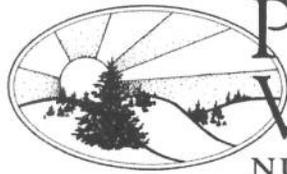
- Assist with feeding meal %, monitor dining room
- Mid meals meal %
- Passing water pitchers
- 1:1 with residents at end of life-frequent oral care
- Checking rooms, Kitchenettes & refrigerators (outdated food)
- Deliver linens to rooms, clothing protectors
- Resident Inventories of Personal Items (New admissions)
- Quality assurance observations (Hand Hygiene, Environmental Safety Rounds)
- Assist with Life Enrichment programs
- Answering Call lights (get assist as needed)

10 # lifting restriction- Check Duties Allowed:

- Assist with feeding; meal %
- Mid meals, meal %
- Passing water pitchers
- 1:1 with residents at end of life-frequent oral care
- Checking rooms, kitchenettes & refrigerators (outdated food)
- Deliver linens to rooms
- Resident Inventories of Personal Items (New admissions)
- Quality assurance observations (Hand Hygiene, Environmental Safety Rounds)
- Obtaining vital signs
- Nail care, Hair care, shaving, foot care and oral care.
- Assist with Life Enrichment programs
- Organizing cleaning resident rooms, closets, drawers
- Answering Call lights (get assist as needed)

20 # restriction- Duties Allowed: Any of the above and helping with meal services, bed making, assisting with resident cares that are stand by assistance, cleaning wheel chairs and stands.

1:1 with resident at high risk for falls, end of life, behaviors, transporting residents/pushing wheelchairs



Name _____ Date _____

Job Title _____

May return to work on _____ No Restrictions

With the following restrictions until: _____ (Date)

No excess walking / standing

No repetitive motions

No pushing / pulling

1. Hand grasp

No stooping / squatting / crouching

2. Wrist motion

No bending (flex / extend) back

3. Elbow motion

No bending (flex / extend) neck

Keep wound clean & dry

No grasping / gripping

Right hand work only

No reaching above shoulders

Left hand work only

No strenuous upper body activity

Sitting job only

Not to lift over _____ pounds

Must wear protective splint

Other _____

Other restrictions, instructions, and / or limitation including prescribed medications that may interfere with work activity: _____

Doctor's Signature _____ Print Doctor's Name _____

Hospital / Clinic Name _____ Phone #: _____
Address _____
