Western Illinois University
HUMAN RESOURCES

WORK STATUS FORM
Release From Work / Return To Work

PATIENT'S NAME:_____ JOB TITLE:_____

DATE OF INJURY/ILLNESS:_____ DATE(S) TREATED:_____

PHYSICIAN'S EVALUATION:

_____ **Off work, beginning** _____

_____ *Estimated* date of return to work_____

_____ Patient referred to _____

_____ **Return to work on** _____

_____ With no restrictions

_____ With the following restrictions until_____

____ No work requiring jerking or jamming of the_____

____ No pushing, pulling or lifting with the _____ more than_____ lbs pressures.

____ No repeated stooping, bending or lifting over_____ lbs.

____ Keep wound area bandaged, clean, dry and protected.

____ No prolonged walking/or standing.

____ No prolonged kneeling.

____ No climbing vertical ladders or working at heights.

____ Must wear support immobilize.

____ Sit down work only.

____ May not operate motor vehicle or work with moving machinery.

____ One hand work only, using _____ right _____ left hand.

____ Other restrictions and/or limitations_____

Additional Instructions_____

_____

PHYSICIAN_____ Phone_____ FAX_____

ADDRESS_____

PHYSICIAN'S SIGNATURE:_____ DATE:_____

A determination will be made by WIU regarding the feasibility of the employee to return to work with restrictions.

PLEASE RETURN THIS FORM AS SOON AS POSSIBLE

HUMAN RESOURCES	**PHONE: 309/298-1971**	**FAX: 309/298-2300**
FACILITIES MANAGEMENT	PHONE: 309/298-1834	FAX: 309/298-1844

Qualifying leave will automatically be counted toward the twelve weeks allowed per fiscal year under the Family and Medical Leave Act (FMLA) for eligible employees.