

The policy of the City of Oxnard is to return to work an industrially injured employee as soon as s/he is deemed medically able to do any productive work. Please complete and return this notice to your patient before s/he leaves your office.



PHYSICIAN'S NOTICE OF RETURN TO WORK OR TEMPORARY MEDICAL RESTRICTIONS

Employee: _____ DOB: _____ Exam Date: _____

DX: _____

Date of Injury: _____ Injury Related to Prior Injury? No Yes Date: _____

Basis for Treatment: First Aid Industrial Non-industrial Undetermined

Please examine this patient and provide the medical treatment which may be required as a result of this injury. Please forward this report and bill to:

AIMS, P.O. BOX 269120, SACRAMENTO, CA 95826

Doctor — Please complete the following, retain the goldenrod copy for your chart and give remaining copies to the injured worker.

PATIENT'S STATUS

- Discharged as cured – no restrictions _____
Date
- Return to work – no restrictions: Medical follow-up required
- Return to work - *with restrictions: Starting _____ Through _____
- Expected period of disability: _____
- Next appointment date: _____

NOTE RESTRICTIONS BELOW (If modified or alternate work is unavailable, patient will be placed on TTD by employer)

PHYSICAL ACTIVITY RESTRICTIONS

- No repetitive lifting of _____ lbs. or more
- No repetitive pushing/pulling of _____ lbs. or more
- No repetitive squatting/kneeling
- No repetitive bending/stooping
- No prolonged standing in excess of _____ hours
- No prolonged sitting in excess of _____ hours
- No at or above-shoulder level reaching
- No running/jumping/climbing
- No repetitive keyboarding in excess of _____ minutes per hour
- Other (please be specific): _____

*All modified work includes the restriction of no sports activity.

Physician Comments:

Physician Signature/Date Physician Name (Print) Phone #

Note: Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

Distribution: White – Insurance Administrator Canary – City of Oxnard Pink – Supervisor Goldenrod – Physician