

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