



65 Stone Street
 Cocoa, FL 32922
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Return to Work Form

This form is required prior to an employee's return to work from a medical leave of absence.

Employee Name:	Date Leave Started:	FMLA	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
		LOA	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Treating Physician:	Physician Specialty:	Physician Phone #/Address:				
I was provided a copy of the employee's job description and physical requirements. Yes <input type="checkbox"/> No <input type="checkbox"/>						
Date employee may return to work: _____						
The employee may return to work with: Restrictions: Yes <input type="checkbox"/> No <input type="checkbox"/> Full Duty: Yes <input type="checkbox"/> No <input type="checkbox"/> Employee will be reevaluated on: _____ Estimated date Employee will be released to full duty: _____						
Restrictions:						
Lift or Carry:	<input type="checkbox"/> Up to 10 lbs.	<input type="checkbox"/> 11-25 lbs.	<input type="checkbox"/> 25-50 lbs.	<input type="checkbox"/> Over 50 lbs.		
Push or Pull:	<input type="checkbox"/> Up to 10 lbs.	<input type="checkbox"/> 11-25 lbs.	<input type="checkbox"/> 25-50 lbs.	<input type="checkbox"/> Over 50 lbs.		
Squat:	<input type="checkbox"/> None	<input type="checkbox"/> Rarely	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Frequently		
Climb:	<input type="checkbox"/> None	<input type="checkbox"/> Rarely	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Frequently		
Bend:	<input type="checkbox"/> None	<input type="checkbox"/> Rarely	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Frequently		
Sit:	<input type="checkbox"/> None	<input type="checkbox"/> Rarely	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Frequently	Time _____	
Stand/Walk	<input type="checkbox"/> None	<input type="checkbox"/> Rarely	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Frequently	Time _____	
Sit	<input type="checkbox"/> None	<input type="checkbox"/> Rarely	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Frequently	Time _____	
Drive:	<input type="checkbox"/> None	<input type="checkbox"/> Rarely	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Frequently	Time _____	
May Use: <input type="checkbox"/> R Hand; <input type="checkbox"/> L Hand; <input type="checkbox"/> Both Hands <input type="checkbox"/> Full Duty; <input type="checkbox"/> Repetitive motion; <input type="checkbox"/> Writing; <input type="checkbox"/> Filing; <input type="checkbox"/> Grasping; Time Restriction _____						
Work above shoulder height: <input type="checkbox"/> Yes <input type="checkbox"/> No Able to work regular shift? <input type="checkbox"/> Yes <input type="checkbox"/> No Able to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Additional Restrictions / Additional Information:						
Physician Signature: _____ Date: _____						
Employee Signature: _____ Date: _____						
Temporary Light Duty <input type="checkbox"/> Can Accommodate <input type="checkbox"/> Cannot Accommodate			Temporary Light Duty <input type="checkbox"/> Is Approved <input type="checkbox"/> Is NOT Approved			
Supervisor Signature			Human Resources Signature		Date	
Date			Date			