Chesapeake Employers Insurance
Your workers' compensation specialist
8722 Loch Raven Blvd. Towson, MD 21286
410-494-2000
Safety Services Department

Return-to-Work Capacity Form

An important aspect of our company's Return-to-Work Program is returning an injured employee to work as soon as medically able after the date of injury. Please provide the following information so that we can best determine the physical limitations of the employee and, if necessary, place the employee in a suitable temporary modified job.

Employer & Injured Employee Information (To be **completed by the employer** prior to the office visit with physician.)

Employer: _____ Contact Person:_____

Address: _____ City: _____ State:_____ Zip: _____

Employer's phone number: (_____) _____-_____ Insurance Carrier: Injured Workers' Insurance Fund

Name of Injured Employee: _____

Employee's phone number: (_____) _____-_____ Date of Injury: ____/____/____ Claim# _____

Occupation: _____ Type of Injury:_____

Physicians Evaluation (**To be completed by the physician**)

Diagnosis: _____

Treatment:_____

Patient is able to lift: Please check the exact degree of work you feel this patient is capable of performing. U.S. Dept. of Labor classifies five degrees of work in terms of lifting requirements.

____ **Sedentary Work:** Lifting 10 pounds **maximum** and occasionally lifting and/or carrying small articles and occasional walking and standing.

____ **Light Work:** Lifting 20 pounds **maximum** with frequent lifting and/or carrying of objects weighing up to 10 pounds. It involves sitting most of the time with a degree of pushing/pulling of arm and/or leg controls.

____ **Medium Work:** Lifting 50 pounds **maximum** with frequent lifting and/or carrying of objects up to 25 pounds.

____ **Heavy Work:** Lifting 100 pounds **maximum** with frequent lifting and/or carrying of objects no more than 50 pounds.

____ **Very Heavy Work:** Lifting objects in **excess** of 100 pounds with frequent lifting and/or carrying of objects weighing 50 pounds or more.

In an 8-hour workday, patient is able to perform at the following level:

	Occasionally <33% per day	Frequently 34%-66% per day	Constantly 67-100% per day
Bend	____ Not at all	____ Occasionally	____ Frequently	____ Constantly
Climb	____ Not at all	____ Occasionally	____ Frequently	____ Constantly
Drive	____ Not at all	____ Occasionally	____ Frequently	____ Constantly
Grasp	____ Not at all	____ Occasionally	____ Frequently	____ Constantly
Manipulate	____ Not at all	____ Occasionally	____ Frequently	____ Constantly
Overhead Work	____ Not at all	____ Occasionally	____ Frequently	____ Constantly
Push/Pull	____ Not at all	____ Occasionally	____ Frequently	____ Constantly
Sit	____ Not at all	____ Occasionally	____ Frequently	____ Constantly
Squat	____ Not at all	____ Occasionally	____ Frequently	____ Constantly
Stand	____ Not at all	____ Occasionally	____ Frequently	____ Constantly
Walk	____ Not at all	____ Occasionally	____ Frequently	____ Constantly

Patient can be exposed to:

Uneven surfaces ____ Not at all ____ Occasionally ____ Frequently ____ Constantly

Marked changes in temperature and humidity

____ Not at all ____ Occasionally ____ Frequently ____ Constantly

The above restrictions are: ____ Permanent ____ Temporary until _____

Can resume transitional work duties on: _____ Can resume full (regular) work duties on: _____

Other restrictions or comments: _____

Medical facility: _____

Address: _____ Phone: (_____) _____-_____

Physician's name: _____ Physician's signature: _____ Date:_____

Please fax a copy of this completed evaluation to: _____ @ FAX# (_____) _____-_____
(Chesapeake Employers' Nurse Case Manager or Claims Adjuster)