

Return to Work

Anthony Colbert was treated at our facility.

INJURY OR ILLNESS WAS:

☐ work related
☐ not work-related
☒ undetermined if work-related

RETURN TO WORK

Employee may return to work on: 7/24/24

Employee may return to modified work on: _____

WORK ACTIVITY RESTRICTIONS

Work Activities not tolerated include:

<input type="checkbox"/> Bending	<input type="checkbox"/> Lifting	<input type="checkbox"/> Prolonged sitting
<input type="checkbox"/> Squatting	<input type="checkbox"/> Climbing	<input type="checkbox"/> Prolonged standing
<input type="checkbox"/> Reaching	<input type="checkbox"/> Walking	<input type="checkbox"/> Pushing & pulling

Other: _____

Show this **Return to Work** statement to your supervisor as soon as possible. Your employer should be aware of your condition and can help with the necessary work activity restrictions. If you wish to return to work sooner than the date above, or if you have further problems which make it difficult for you to return at that time, please call us or your personal caregiver.

Byrle Macko

Physician Name (Printed)

[Signature]

Physician Signature

7/23/24

Date