

Hermiston School District 8R

Code: **GCBDB-AR FORM**
Adopted:

Release to Return to Work

Return form to:

Kathy Schouten
Hermiston School District
541-667-6014

Name of Worker	Claim Number
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Please fill out this form and return it to us at the address indicated above.

1. Is the worker medically stationary? Yes No If yes, date: _____ (Provide closing information and complete Form 827.)
If no, estimated medically stationary date: _____ Are there permanent restriction? Yes No Unkown

Next scheduled appointment date: _____

2. Worker is released to:
- full duty without limitations Date: _____ (Do not complete lines 3 through 11. Sign below.)
 - modified duty From (date): _____ Through (date): _____ (specify limitations below)
 - modified hours specify hours: _____ From (date): _____ through (date): _____
 - not released to work Est. RTW date: _____ If modified release, provide date of anticipated regular release: _____

	Hours	No Limitations	1	2	3	4	5	6	7	8	Other (specify)
3. In a/an <input type="checkbox"/> 8 <input type="checkbox"/> 10 <input type="checkbox"/> 12 <input type="checkbox"/> other _____ -hour workday; worker can stand/walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. At one time, worker can stand/walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. In a/an <input type="checkbox"/> 8 <input type="checkbox"/> 10 <input type="checkbox"/> 12 <input type="checkbox"/> Other _____ -hour workday, worker can sit a total of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. At one time, worker cant sit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. The worker is released to return to work in the following range for lifting, carrying, pushing/pulling:

Pound	<10	10	15	20	25	30	35	40	45	50	55	60	65	70	80	85	90	95	100	>100
occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
frequently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Worker can use hands for repetitive:
- | | | | |
|------------------------|--|--|--|
| | Right | Left | |
| a. Fine manipulation | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | Dominant Hand |
| b. Pushing and pulling | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Right <input type="checkbox"/> Left |
| c. Simple grasping | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| d. Keyboarding | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Worker can use feet for repetitive raising and pushing (as in operating foot controls): Yes No
10. Worker is able to:
- | | | | | | |
|--|---------------------------|--------------------------|--------------------------|------------------------|-------------------|
| | Continuous | Frequently | Occasionally | Intermittently | Not at all |
| | 67-100% of the day | 34-66% of the day | 6-33 % of the day | 1-5% of the day | |
- a. Stoop/bend.
 - b. Crouch
 - c. Simple grasping.

- d. Kneel
- e. Twist
- f. Climb
- g. Balance
- h. Reach
- i. Push/pull.

11. Other functional limitations or modifications necessary in worker's employment:

Additional comments may be written on back of form.

 Signature of medical service provider* Printed Name Date

* See OAR 436-010-0210 regarding who may provide medical services and authorize time loss.