Santa Monica-Malibu Unified School District

1651 Sixteenth Street, Santa Monica, CA 90404, 310/450-8338
Fax (HR) 310-450-0898; Fax (Risk Manager) 310-452-3468

CERTIFICATE FOR RETURN TO WORK OR FURTHER TREATMENT

Name of Employee________________________________ Job Title____________________ Date____________

Diagnosis____ Industrial Injury Yes ☐ No ☐

The above employee has been under my care from ______________________________________(Date)

PLEASE INDICATE BELOW THE EMPLOYEE'S WORK STATUS

☐ He/she may return to **full work duties** on __________(Date) Follow up visit (if needed) ______________(Date)

☐ He/she is **Temporarily Totally Disabled** from __________(Date) to ______________(Date)

☐ He/she may **return to work modified to accommodate the following restrictions** on ___________________(Date),

☐Restrictions are **TEMPORARY through __________ (date)** ☐Restrictions are **PERMANENT**

Check all physical activity restrictions.

☐ NO **<u>repetitive</u> lifting/carrying** of _______lbs. or more
☐ NO **lifting/carrying** of _______lbs. or more
☐ NO **<u>repetitive</u> pushing/pulling** of ______lbs. or more
☐ NO **pushing/pulling** of ______ lbs. or more
☐ NO **reaching at (or above) shoulder level**
☐ NO **repetitive keyboarding** in excess of ____min. per hour
☐ NO **prolonged walking** in excess of ____minutes
☐ **Other** (please be specific)

☐ NO **repetitive bending/stooping** > ____ times/hour
☐ NO **repetitive squatting/kneeling** > ____ times/hour
☐ NO **prolonged standing** in excess of ____ minutes
☐ NO **prolonged sitting** in excess of ____ minutes
☐ Must **alternate sitting/standing** every _____ minutes
☐ NO **running / jumping / climbing** (circle your answer)

ADDITIONAL CLARIFICATION/ RESTRICTIONS ____
____
____
____

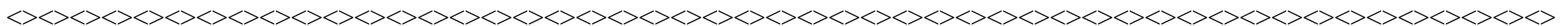
_________________________________ _____________________ ______________
Doctor's Signature License Number Expiration Date

PLEASE PRINT:

Doctor's Name____

Address____

Phone____________________________________



For HR Use Only

____ ____________________
Assistant Superintendent of HR or designee Date