Anne Arundel County Public Schools | Division of Human Resources

Physician Return to Work Authorization – Physical Health

Directions: *To be completed by the employee's health care provider in anticipation of employees return to work from medical leave.*
Submit to: *AACPS Office of Integrated Disability & Leave Management, 2644 Riva Road, Annapolis, MD 21401;* ***e-fax: 443-458-0140.***

Employee Name	Date of Birth	Job Title

Doctor's Name	Next Scheduled Appointment

Body Part(s) Involved

☐ The patient may return to work ***without any limitations*** on _____ Date

☐ The patient may return to work ***with limitations*** on _____ Date

☐ The patient can return to work ***Part-time*** _____ hours/week for _____ (duration)

If there are any limitations, ALL boxes below must be filled out.

Limitations (if applicable)

		No Limitations	Frequently (3-5 hours)	Occasionally (1-3 hours)	Not at all
1 Patient may:	a. sit	☐	☐	☐	☐
	b. stand	☐	☐	☐	☐
	c. walk	☐	☐	☐	☐
2 Patient may lift:	a. Sedentary to 10 lbs.	☐	☐	☐	☐
	b. Light 10-20 lbs.	☐	☐	☐	☐
	c. Medium 20-50 lbs.	☐	☐	☐	☐
	d. Heavy 50-100 lbs.	☐	☐	☐	☐
	e. Very heavy 100+ lbs.	☐	☐	☐	☐
3 Patient may carry:	a. Light 0-10 lbs.	☐	☐	☐	☐
	b. Medium 10-25 lbs.	☐	☐	☐	☐
	c. Heavy 25-50 lbs.	☐	☐	☐	☐
	d. Very heavy 50+ lbs.	☐	☐	☐	☐
4 Patient may:	a. Push	☐	☐	☐	☐
	b. Pull	☐	☐	☐	☐
	c. Twist	☐	☐	☐	☐
	d. Climb	☐	☐	☐	☐
	e. Balance	☐	☐	☐	☐
	f. Stoop	☐	☐	☐	☐
	g. Kneel	☐	☐	☐	☐
	h. Crawl	☐	☐	☐	☐
	i. Reach	☐	☐	☐	☐
	j. Grasp	☐	☐	☐	☐
	k. Typing	☐	☐	☐	☐
5 Patient may perform repetitive movement		☐	☐	☐	☐
6 Patient may drive:	a. With clutch	☐	☐	☐	☐
	b. Without clutch	☐	☐	☐	☐
	c. Heavy equipment	☐	☐	☐	☐

Please explain further any of the limitations marked above.

Are these limitations: ☐ **Temporary** ☐ **Permanent**
If temporary, for how long?

Specify any environmental requirements or assistive devices, e.g. crutches, sling, boot, cane, etc.

Signature of Doctor *Date* *Phone Number*

Address *Fax Number*