

# RELEASE TO RETURN TO WORK

## CLACKAMAS COUNTY

Name of worker	Clackamas County Employee ID
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**Please fill out this form and return it to us at the address indicated below.**

1. Is the worker medically stationary? ☐ Yes ☐ No If yes, date: \_\_\_\_\_  
If no, estimated medically stationary date: \_\_\_\_\_ Are there permanent restrictions? ☐ Yes ☐ No ☐ Unknown

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 ☐ 8 ☐ 10 ☐ 12 ☐ other \_\_\_\_\_ -hour workday,  
worker can stand/walk a total of \_\_\_\_\_  
4. At one time, worker can stand/walk \_\_\_\_\_  
5. In a/an ☐ 8 ☐ 10 ☐ 12 ☐ other \_\_\_\_\_ -hour workday,  
worker can sit a total of \_\_\_\_\_  
6. At one time, worker can sit \_\_\_\_\_

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

Pounds	<10	10	15	20	25	30	35	40	45	50	55	60	65	70	75	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"/>	<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"/>	<input type="checkbox"/>

8. Worker can use hands for repetitive:

**Right**

**Left**

- a. Fine manipulation ☐ Yes ☐ No ☐ Yes ☐ No  
b. Pushing and pulling ☐ Yes ☐ No ☐ Yes ☐ No  
c. Simple grasping ☐ Yes ☐ No ☐ Yes ☐ No  
d. Keyboarding ☐ Yes ☐ No ☐ Yes ☐ No

Dominant hand  
☐ Right ☐ Left

9. Worker can use feet for repetitive raising and pushing (as in operating foot controls): ☐ Yes ☐ No

10. Worker is able to:
- |                    | Continuous<br>67-100% of the day | Frequently<br>34-66% of the day | Occasionally<br>6-33% of the day | Intermittently<br>1-5% of the day | Not at all               |
|--------------------|----------------------------------|---------------------------------|----------------------------------|-----------------------------------|--------------------------|
| a. Stoop/bend----- | <input type="checkbox"/>         | <input type="checkbox"/>        | <input type="checkbox"/>         | <input type="checkbox"/>          | <input type="checkbox"/> |
| b. Crouch-----     | <input type="checkbox"/>         | <input type="checkbox"/>        | <input type="checkbox"/>         | <input type="checkbox"/>          | <input type="checkbox"/> |
| c. Crawl-----      | <input type="checkbox"/>         | <input type="checkbox"/>        | <input type="checkbox"/>         | <input type="checkbox"/>          | <input type="checkbox"/> |
| d. Kneel-----      | <input type="checkbox"/>         | <input type="checkbox"/>        | <input type="checkbox"/>         | <input type="checkbox"/>          | <input type="checkbox"/> |
| e. Twist-----      | <input type="checkbox"/>         | <input type="checkbox"/>        | <input type="checkbox"/>         | <input type="checkbox"/>          | <input type="checkbox"/> |
| f. Climb-----      | <input type="checkbox"/>         | <input type="checkbox"/>        | <input type="checkbox"/>         | <input type="checkbox"/>          | <input type="checkbox"/> |
| g. Balance-----    | <input type="checkbox"/>         | <input type="checkbox"/>        | <input type="checkbox"/>         | <input type="checkbox"/>          | <input type="checkbox"/> |
| h. Reach-----      | <input type="checkbox"/>         | <input type="checkbox"/>        | <input type="checkbox"/>         | <input type="checkbox"/>          | <input type="checkbox"/> |
| i. Push/pull-----  | <input type="checkbox"/>         | <input type="checkbox"/>        | <input type="checkbox"/>         | <input type="checkbox"/>          | <input type="checkbox"/> |

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
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Return via mail to: Clackamas County Risk/Benefits, 2051 Kaen Rd. #310, Oregon City OR 97045 OR Fax to (503) 742-5419