



Return to Work Evaluation

Office of Human Resources
Gratiot/Isabella RESD – Ithaca, MI 48847

August 2018

PART I—Employee: The employee completes Part I of this form, accesses his/her job description, and provides the job description to the physician or health care practitioner. The employee may access the job description via www.giresd.net/Page/543. If the job description is unavailable, the employee should contact his/her immediate supervisor.

Name _____ Employee ID _____ Date ____/____/____
Work Location _____ Job Position _____

PART II—Employer: GIRESD will determine the employee’s ability to return to work based upon the job description and the listed restrictions.

Employee is is not approved to return to work at this time ____/____/____
Signature, Staffer _____ *Date* _____

PART III—Physician/Health Care Practitioner: The physician or health care practitioner must complete Parts III and IV and return to the patient after reviewing the current job description. Thank you for assisting in our efforts to return our employee to work in a safe and timely manner.

WORK ACTIVITIES TABLE

Please complete the following table for restrictions related only to the patient’s job description.

In an 8-hour work day, the patient can:	No Restrictions	5–8 Hours	3–5 Hours	1–3 Hours	Not At All
Stand/Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Riding Bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In an 8-hour work day, the patient can:	How many consecutive hours/repetitions can the patient perform these activities?			
	No Restrictions (5–8 Hours)	Frequently (3–5 Hours) > 11 times a day	Occasionally (1–3 Hours) < 10 times a day	Not At All (0)
LIFT				
0–10 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11–20 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21–50 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51–100 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CARRY				
0–10 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11–20 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21–50 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51–100 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Squat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climb – (Climb ladder out of pool)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting on and off floor independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull – (wt up to 200 lbs with wheeled assist)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull – (wt up to 200 lbs without assist, rolling student)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work at heights (stairs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work in temperature extremes – Heat/Cold/Humidity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work indoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work outdoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gross Grasping (indicate right or left)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine Motor Manipulation (indicate right or left)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operate Foot Controls (indicate right or left)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traverse Slippery Floors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other, please explain:

Is there a medical/physical reason this patient could not quickly respond to protect self or others by implementing physical restraint techniques in the event of aggression from a student.

- No
- Yes; Explain _____

