Dear Doctor:
The City of Olympia has a formal Return to Work Program that provides temporary light/modified work assignments for injured workers during their medical recovery due to their industrial injuries/illnesses. Please evaluate the injured worker’s ability to either return to work performing his/her regular job or participate in our Return to Work Light/Modified Duty Program.

<table>
<thead>
<tr>
<th>Employee:</th>
<th>Claim No.:</th>
<th>DOI:</th>
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1. Can this injured worker return to regular work?  
   - [ ] Yes  
   - [ ] No

2. If no, what is the estimated time frame before he/she can return to regular work?  
   ____________________________

3. Can injured worker return to work on modified/light duty status?  
   - [ ] Yes  
   - [ ] No
   If injured worker can be released to return to work on modified/light duty status, when?
   ____________________________
   ____________________________
   ____________________________

Any limitations and/or restrictions?
______________________________
______________________________
______________________________

4. Is further medical treatment planned  
   - [ ] Yes  
   - [ ] No
   If yes, please describe planned treatment necessary and time frame involved:
   ____________________________
   ____________________________
   ____________________________
   ____________________________
**Restrictions for Temporary Modified Duty Release**

(Circle full capacity for each activity)

In an eight or ten hour day, patient can:

<table>
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<tr>
<th>Activity</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>Hours</th>
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</thead>
<tbody>
<tr>
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**Patient can lift and/or carry:**

1) Up to 10 lbs.  
   - Never  
   - Occasionally  
   - Repetitively  
2) 11 - 20 lbs.  
   - Never  
   - Occasionally  
   - Repetitively  
3) 21 - 50 lbs.  
   - Never  
   - Occasionally  
   - Repetitively  
4) 51 - 100 lbs.  
   - Never  
   - Occasionally  
   - Repetitively  

**Patient can use hands for pulling/pushing:**

1) Up to 10 lbs.  
   - Never  
   - Occasionally  
   - Repetitively  
2) 11 - 20 lbs.  
   - Never  
   - Occasionally  
   - Repetitively  
3) 21 - 50 lbs.  
   - Never  
   - Occasionally  
   - Repetitively  
4) 51 - 100 lbs.  
   - Never  
   - Occasionally  
   - Repetitively  

**Patient can use hands for repetitive action such as:**

1) Grasping  
   - Yes  
   - No  

**Patient is able to:**

1) Bend/Twist  
   - Never  
   - Occasionally  
   - Repetitively  
2) Squat  
   - Never  
   - Occasionally  
   - Repetitively  
3) Climb  
   - Never  
   - Occasionally  
   - Repetitively  
4) Reach overhead  
   - Never  
   - Occasionally  
   - Repetitively  

**Physician’s Comments/Suggestions:**

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

**Physician’s Signature:** ____________________________  **Date:** ________________________

**Distribution:**  
- City of Olympia/Claim file  
- Supervisor & Injured Worker  
- Physician  
- Matrix Absence Management, Inc.