**WORK** **RELEASE** **FORM**

This notice verifies that your

employee

was seen in this facility today (or on if checked [ ]). He/she may return to work on with the following restrictions:

None: [ ]

No heavy lifting: [ ] (over pounds) No prolonged standing: [ ]

Desk Work Only: [ ]

Other: [ ] (described below)

These restrictions apply through . After this date, your employee should be able to participate fully in work duties.

**BE ADVISED:** If symptoms continue and the employee is unable to perform the full duties of their job by this date, please advise the employee to make an appointment with your worker’s comp physician. If that is not possible, the employee should see his or her own doctor or the referral doctor provided by us.

*Physician* *or* *Nurse*

**NOTES:**