

# Charles County Public Schools

## Employee Work Related Restrictions and Limitations

Physician's Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

When treating a Charles County Public Schools employee for a work related injury or illness, please provide us with a description of his/her limitations and restrictions. Charles County Public Schools will take into consideration the injured employee's specific limitations/restrictions in order to design an appropriate transitional/temporary work position. If you have questions regarding our return to work program or using this form, please contact the Safety and Risk Management Office at 301-934-7275.

Employee full name \_\_\_\_\_

Date of Injury \_\_\_\_\_ Date of Exam \_\_\_\_\_

Can employee return to full duty? Yes\_\_\_\_ No\_\_\_\_ If No please list limitations or restrictions

<u>Action</u>	<u>Total # of Hours per Day</u>				<u>Rest/Stretch Break</u>	
	0	0-3	3-6	6-8+	<u>How Often</u>	<u>How Long</u>
Sitting -----	_____	_____	_____	_____	_____	_____
Walking -----	_____	_____	_____	_____	_____	_____
Standing -----	_____	_____	_____	_____	_____	_____
Bending (at neck) --	_____	_____	_____	_____	_____	_____
Bending (at waist) -	_____	_____	_____	_____	_____	_____
Squatting -----	_____	_____	_____	_____	_____	_____
Climbing -----	_____	_____	_____	_____	_____	_____
Kneeling -----	_____	_____	_____	_____	_____	_____
Crawling -----	_____	_____	_____	_____	_____	_____
Twisting (neck) ----	_____	_____	_____	_____	_____	_____
Twisting (waist) ----	_____	_____	_____	_____	_____	_____
Stooping -----	_____	_____	_____	_____	_____	_____

**Lifting:**

Up to 5 lbs. -----	_____	_____	_____	_____	_____	_____
Up to 10 lbs. -----	_____	_____	_____	_____	_____	_____
Up to 20 lbs. -----	_____	_____	_____	_____	_____	_____
Up to 25 lbs. -----	_____	_____	_____	_____	_____	_____
Up to 50 lbs. -----	_____	_____	_____	_____	_____	_____
Up to 75 lbs. -----	_____	_____	_____	_____	_____	_____

**No lifting restrictions** \_\_\_\_\_

**Carrying:**

Up to 5 lbs. -----	_____	_____	_____	_____	_____	_____
Up to 10 lbs. -----	_____	_____	_____	_____	_____	_____
Up to 20 lbs. -----	_____	_____	_____	_____	_____	_____
Up to 25 lbs. -----	_____	_____	_____	_____	_____	_____
Up to 50 lbs. -----	_____	_____	_____	_____	_____	_____
Up to 75 lbs. -----	_____	_____	_____	_____	_____	_____

**No carrying restrictions** \_\_\_\_\_

Action	Total # of Hours per Day				Rest/Stretch Break	
	0	0-3	3-6	6-8+	How Often	How Long
Use of Hand(s) Arm(s):	Dominant Hand – Right__ Left__					
Simple Grasping – Right -----	_____	_____	_____	_____	_____	_____
Simple Grasping – Left -----	_____	_____	_____	_____	_____	_____
Power Grasping – Right -----	_____	_____	_____	_____	_____	_____
Power Grasping – Left -----	_____	_____	_____	_____	_____	_____
Fine Manipulation – Right ----	_____	_____	_____	_____	_____	_____
Fine Manipulation – Left -----	_____	_____	_____	_____	_____	_____
Pushing and Pulling – Right -	_____	_____	_____	_____	_____	_____
Pushing and Pulling – Left ---	_____	_____	_____	_____	_____	_____
Reach, above right shoulder	_____	_____	_____	_____	_____	_____
Reach, above left shoulder --	_____	_____	_____	_____	_____	_____
Reach, below right shoulder	_____	_____	_____	_____	_____	_____
Reach below left shoulder ---	_____	_____	_____	_____	_____	_____

**Use of Feet**

Are certain activities restricted or limited due to a condition of one or both feet (such as operation of foot controls or repetitive foot movement)? Yes\_\_\_No\_\_\_

**Please describe limitations/restrictions and identify which foot is affected.**

\_\_\_\_\_

\_\_\_\_\_

Are there restrictions or limitations on:

Vision Yes\_\_\_No\_\_\_      Hearing Yes\_\_\_No\_\_\_      Balance Yes\_\_\_No\_\_\_

**If Yes, please describe:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Environmental and Other Factors:

Driving cars, trucks, forklifts, other equipment      Yes\_\_\_ No\_\_\_

Working around equipment and machinery      Yes\_\_\_ No\_\_\_

Walking on uneven surface      Yes\_\_\_ No\_\_\_

Exposure to excessive noise      Yes\_\_\_ No\_\_\_

Exposure to extremes in temperature, humidity or wet conditions      Yes\_\_\_ No\_\_\_

Exposure to dust, gas, fumes or chemicals      Yes\_\_\_ No\_\_\_

Working at heights      Yes\_\_\_ No\_\_\_

Is there additional information you would like to add that will help us better design tasks or functions that will be appropriate for this person? \_\_\_\_\_

\_\_\_\_\_

Date of follow-up visit to re-examine restrictions or limitations \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date when restrictions or limitations will be removed \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Signature of Physician \_\_\_\_\_ Date \_\_\_\_\_

I certify the above information is correct to the best of my knowledge. I am aware that any person who knowingly makes a false statement, misrepresentation, concealment of fact or any other act of fraud to obtain payment or leave as provided by Charles County Public Schools or its agents or who knowingly accepts payment to which that person is not entitled, is subject to felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine, imprisonment, or both.