



COUNTY OF ERIE
OFFICE OF PERSONNEL AND LABOR RELATIONS
 ERIE COUNTY COURT HOUSE
 140 WEST SIXTH STREET – ROOM 501
 ERIE, PENNSYLVANIA 16501
 Phone (814) 451-6299
 FAX (814) 451-6484

BARRY GROSSMAN
 COUNTY EXECUTIVE

PETER J. CALLAN
 DIRECTOR OF PERSONNEL

Dear Provider,

_____ has reported an injury to us. This letter serves as authorization for this employee to be examined by you.

After the examination, please fax this completed form to:

County of Erie, Personnel Department
Fax Number: (814) 451-6484

* PLEASE BE AWARE THAT WE PROVIDE LIGHT DUTY
 AND MODIFIED DUTY WORK FOR SOME OF OUR EMPLOYEES*

_____ May return to full duty/full-time work

_____ May return to MODIFIED duty – specify restrictions on use – enclosed estimated functional capacity form.

_____ May not return to work until: ___ / ___ / _____

_____ Has a follow up appointment with me: ___ / ___ / ___

_____ Has been referred or/to: _____

DIANOSIS: _____

Physician's Name (please print) _____

Physician's Signature _____ DATE: _____

INSURANCE INFORMATION

SEND BILLS AND OFFICE NOTES TO:

PCOMP
PO BOX 60769
HARRISBURG, PA 17106

TELEPHONE: 800-895-9039
FAX: 888-692-2368