

## Independent School District #535 615 7<sup>th</sup> St SW - Rochester, Minnesota 55902 HR Department - Telephone (507) 328-4251 - FAX (507) 328-4206

the of Injury/Event:			Today'	s Exam Date:			
ployee's regular job title:	of Injury/Event:		Next	Exam Date:			
□ FULL DUTY, usual job, no restrictions, as of:	loyee's regular job title:		Dep	oartment:			
□ Transitional Work - with the following Work Restrictions/Capacities, as of	above-named employee is	under my care. I	release him/h	er to return to v	work as spec	ified below:	
be adhered to at work and at home until their next appointment on	☐ FULL DUT	<b>Y,</b> usual job, no r	restrictions, a	ıs of:			(date.)
Work FULL-TIME;   Work PART-TIME only:   hours per day,   days per we							
Lift /Carry No restriction Up to 5 lbs 10 lbs 25 lbs 50 lbs Not at all Push /Pull No restriction Up to 5 lbs 10 lbs 25 lbs 50 lbs Not at all Stand/walk No restriction Frequently Occasionally Not at all Stoop/Bend at Waist No restriction Frequently Occasionally Not at all Kneel/Squat No restriction Frequently Occasionally Not at all Climb No restriction Frequently Occasionally Not at all Sit No restriction Frequently Occasionally Not at all Other No restriction Frequently Occasionally Not at all Reach Above Shoulder with Left arm/right Arm (circle one or both) Repetitive use of Left hand/ right hand (circle one or both) Keyboard/mouse No restriction Frequently Occasionally Not at all Drive (to work / while at work (Circle one or both) No restriction Frequently Occasionally Not at all No restriction Frequently Occasionally Not at all Frequently Occasionally Not at all No restriction Frequently Occasionally Not at all Frequently Occasionally Not at all No restriction Frequently Occasionally Not at all Frequently Occasionally Not at all Drive (to work / while at work (Circle one or both)	Work FULL-TI	ME;Worl	k PART-TIME	Ξ only:	_hours per	day,	days per we
No restriction   Up to 5 lbs   10 lbs   25 lbs   50 lbs   Not at all	Employee <u>c</u>	an safely perfor	m these fun	ctions: (plea	ase check e	every item be	elow)
Push /Pull  No restriction  Up to 5 lbs  10 lbs  25 lbs  50 lbs  Not at all  Stand/walk  No restriction  Frequently  Occasionally  Not at all  Other  No restriction  Frequently  Occasionally  Not at all  No restriction  Frequently  Occasionally  Not at all	Lift /Carry	No restriction	Un to 5 lbs	10 lhs	25 lhs	50 lbs	Not at all
Stand/walk  Stoop/Bend at Waist  No restriction  No restriction  Frequently  Occasionally  Not at all  Other  No restriction  Frequently  Occasionally  Not at all  Frequently  Occasionally  Not at all  Orive  (to work / while at work  (Circle one or both)  Frequently  Occasionally  Not at all  No restriction  Frequently  Occasionally  Not at all  No restriction  Frequently  Occasionally  Not at all  No restriction  Frequently  Occasionally  Not at all  Orive  (to work / while at work  (Circle one or both).	Push /Pull		·				
Stoop/Bend at Waist  Kneel/Squat  No restriction  Frequently  Occasionally  Not at all  Other  No restriction  Frequently  Occasionally  Not at all  Occasionally  Not at all  No restriction  Frequently  Occasionally  Not at all  Occasionally  Not at all  Frequently  Occasionally  Not at all  Occasionally  Not at all  Frequently  Occasionally  Not at all  Occasionally  Not at all  Orive  (to work / while at work  (Circle one or both.)	Stand/walk	No restriction	Up to 5 lbs	10 lbs	25 lbs	50 lbs	Not at all
No restriction   Frequently   Occasionally   Not at all	Ctoon/Dand at Waist			No restriction	Frequently	Occasionally	Not at all
No restriction   Frequently   Occasionally   Not at all	·			No restriction	Frequently	Occasionally	Not at all
No restriction   Frequently   Occasionally   Not at all	Kneel/Squat			No restriction	Frequently	Occasionally	Not at all
Sit  No restriction  No restriction  No restriction  No restriction  Frequently  Occasionally  Not at all  Orive  (to work / while at work  (Circle one or both.)	Climb			No restriction	Frequently	Occasionally	Not at all
Other  No restriction Frequently Occasionally Not at all  Reach Above Shoulder with Left arm/right Arm (circle one or both) Repetitive use of Left hand/ right hand (circle one or both)  Keyboard/mouse No restriction Frequently Occasionally Not at all	Sit			No restriction		•	Not at all
Reach Above Shoulder with Left arm/right Arm (circle one or both)  Repetitive use of Left hand/ right hand (circle one or both)  Keyboard/mouse  No restriction  No restriction  Frequently  Occasionally  Not at all	Other					j	
Repetitive use of Left hand/ right hand (circle one or both)  Keyboard/mouse  No restriction  Frequently  Occasionally  Not at all	Left arm/right Arm						
Drive (to work / while at work (Circle one or both.)  No restriction  No restriction  Frequently  Occasionally  Not at all  Not at all	Repetitive use of Left hand/ right hand			No restriction	Frequently	Occasionally	Not at all
(to work / while at work (Circle one or both.)  No restriction Frequently Occasionally Not at all	Keyboard/mouse			No restriction	Frequently	Occasionally	Not at all
	(to work / while at work			No restriction	Frequently	Occasionally	Not at all
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	commute is medically co	•			•		
commute is medically contraindicated (will worsen condition or delay recovery)	·	ida madiaal diaai	noses):				
commute is medically contraindicated (will worsen condition or delay recovery)  xplain (please do not include medical diagnoses):	·	ide medicai diagi	,				