



Dear Health Care Provider:

Re:

The University of Rochester Return to Work Program is designed to assist employees reach full recovery following a work related or non-work related injury/illness. The program provides timely and appropriate treatment while working in a worth while temporary assignment. The goal of the program is to return the employee to regular duty within 90 days or as soon as the medical condition permits. Please fill out only what is appropriate related to employee's current functional work capabilities, limitations and medical restrictions. Return a copy to the employee, Fax a copy to Human sources attention RTW Program Fax (585) 235-6703.

1. Positioning: Indicate which of the following should be *avoided in each area*:
___ Prolonged standing ___ Bending ___ Twisting ___ Overhead Reaching ___
___ Walking ___ Prolonged sitting ___ Leaning Forward ___ Crawling
___ Climbing ___ Squatting ___

2. Material Handling:
___ Lifting Over 10# ___ 20# ___ 50# ___ Carrying Objects ___ Lifting Objects from floor ___ Lifting objects above shoulders ___ Pushing Objects ___ Pulling Objects
Other _____

3. Repetitive Motion:
Keyboarding ___
Other _____

4. Estimate the
___ Number of hours/day ___ Number of days/week _____

5. Estimate the duration of work accommodation:
___ 1-5 day's ___ 2 week's ___ 3 weeks ___ 4 weeks ___ 5 week's ___ 6 weeks
___ greater than 6 weeks _____

Please state reason the RTW program not appropriate at this time: Reason:

Estimated RTW date return to regular job activities _____

Start Date of Transitional Assignment: _____ Approved by Treating Health Care
Provider _____ Supervisor _____ RTW Program _____