



Return to Work Form for WorkSTEPS Positions

(Do not use for shift Firefighters.)

_____ (patient/employee name) was evaluated on _____ (date).
Complete section a) or b).

(a) Return to full activities at work without restrictions on _____ (date).

(b) Return to work on _____ (date) to perform modified work and **cannot** do one or more of the below activities. Duration of restrictions: _____.

<input type="checkbox"/> Stand for more than ____ hours per day.	<input type="checkbox"/> Flex/extend for more than ____ hours per day.
<input type="checkbox"/> Sit for more than ____ hours per day.	<input type="checkbox"/> Reach for more than ____ hours per day.
<input type="checkbox"/> Kneel/squat for more than ____ hours per day.	<input type="checkbox"/> Reach overhead for more than ____ hours per day.
<input type="checkbox"/> Bend/stoop for more than ____ hours per day.	<input type="checkbox"/> Type/keyboard for more than ____ hours per day.
<input type="checkbox"/> Push/pull for more than ____ hours per day.	<input type="checkbox"/> Lift/carry objects for more than ____ hours per day.
<input type="checkbox"/> Twist for more than ____ hours per day.	<input type="checkbox"/> Work for more than ____ hours per day.
<input type="checkbox"/> Walk for more than ____ hours per day.	<input type="checkbox"/> Drive a vehicle for more than ____ hours per day.
<input type="checkbox"/> Climb stairs/ladders for more than ____ hours per day.	<input type="checkbox"/> Operate heavy equipment for more than ____ hours per day.
<input type="checkbox"/> Grasp/squeeze for more than ____ hours per day.	

Other restrictions: _____

This individual is to return for further evaluation on _____ (date/no. of weeks).

Health Care Provider Information

Provider Name (print): _____

Telephone: _____ Fax: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Signature of Health Care Provider: _____ Date: _____

Providers: Employee Job Descriptions are available at
<https://www.governmentjobs.com/careers/friscotexas/classspecs>
 Return the completed form to your supervisor and Human Resources (benefits@friscotexas.gov or fax to 972.292.5229). For questions, contact Human Resources at 972.292.5207.