

EMPLOYEE INJURY REPORT

CERTIFICATE FOR RETURN-TO-WORK STATUS

TO BE COMPLETED BY UHS STAFF
(Please Print Legibly)

Employee Name: _____	Date of Injury: _____
CWID: _____	Under my care: _____ to _____
Employee's Supervisor: _____	Supervisor's Phone Number: _____

Can patient work?

YES NO

If **yes**, please see modifications or identify the return to work date below If **no**, please advance to diagnosis

	NO	LIMITED	MODIFICATIONS	NO	LIMITED	MODIFICATIONS
Only complete if patient is able to return to work.						
Identify a date below if applicable:	<input type="checkbox"/>	<input type="checkbox"/>	Lifting over _____ lbs	<input type="checkbox"/>	<input type="checkbox"/>	Repetitive lifting
Modified work: _____	<input type="checkbox"/>	<input type="checkbox"/>	Pulling	<input type="checkbox"/>	<input type="checkbox"/>	Repetitive bending
Regular work: _____	<input type="checkbox"/>	<input type="checkbox"/>	Pushing	<input type="checkbox"/>	<input type="checkbox"/>	Use right arm/hand
	<input type="checkbox"/>	<input type="checkbox"/>	Bending	<input type="checkbox"/>	<input type="checkbox"/>	Use left arm/hand
	<input type="checkbox"/>	<input type="checkbox"/>	Squatting	<input type="checkbox"/>	<input type="checkbox"/>	Must use crutches
	<input type="checkbox"/>	<input type="checkbox"/>	Climbing	<input type="checkbox"/>	<input type="checkbox"/>	Must wear splint/sling
	<input type="checkbox"/>	<input type="checkbox"/>	Overhead reaching	<input type="checkbox"/>	<input type="checkbox"/>	_____ hours work/day
	<input type="checkbox"/>	<input type="checkbox"/>	Prolonged standing			

Next appointment: _____ Released from care date: _____

Diagnosis: _____

Comments: _____

Employee referred to: _____

Type of injury:

First Aid Prescription Given: _____

Medical

Physician Name: _____ Date: _____

Physician Signature: _____ Time: _____

REFUSAL OF TREATMENT STATEMENT

This is to certify that I, _____, am refusing medical treatment for an injury occurring on _____ (MM/DD/YYYY).

Injured Worker Signature: _____ Date: _____

