



Return to Work Form

An important aspect of our company's Return-to-Work program is returning an employee to work as soon as medically able after a medical leave of absences. Please provide the following information so that we can best determine the physical limitations of the employee, and if necessary, place the employee in a suitable temporary modified job.

Employer Athelas Institute, Inc		Contact Person Tisha Mathes, HRM	
Employer Address 9104 Red Branch Road	City Columbia	State Maryland	Zip Code 21045
Employer Phone (410) 964-1241			
Name of employee		Employee's Social Security Number - -	
Employees Phone () -	Effective date of leave / /	Reason for Medical Leave	
Job Title	Department		

Please complete the following information and fax to 410-992-9989

Physician's Evaluation

Worker is released to:

full duty without limitations effective (date) / /

modified duty from (date) / / through (date) / /

specify limitations

modified hours hours from (date) through (date)

Hours:	1	2	3	4	5	6	7	8
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other functional limitations or modifications necessary in worker's employment:

Physician Signature	Date / /
Physician Name	Physician's Phone Number () -
Physician's Address	City State Zip Code