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 the date of injury or illness. 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

Employer's Insurance Carrier
Injured Worker's Insurance Fund, IWIF

Name of injured employee

Employee's Social Security Number
- -

Employees Phone
( ) -

Date of Injury
/ /

Claim Number

Job Title

Type of injury

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

Physician's Evaluation

Diagnosis:

Treatment:

Worker is released to:

☐ full duty without limitations effective (date) / /

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

specify limitations

☐ modified hours from (date) through (date)

Hours able to work in 24 hour period:

1	2	3	4	5	6	7	8
☐	☐	☐	☐	☐	☐	☐	☐

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

Physician Signature

Date
/ /

Physician Name

Physician's Phone Number
( ) -

Physician Address

City

State

Zip Code