



Cross Island Medical Center

Phone: 843-681-8260

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157 William Hilton Parkway
Hilton Head Island, SC 29926

Return to Work Form

*****Employee Please Return this Form to the person below*****

Company: _____

Manager or Supervisor: _____ Called: _____ By: _____

Phone: _____

Injured Employee: _____ Injury Date: ____/____/____

Nature of Injury: _____

****To Be Completed by Physician****

_____ May resume to work immediately

_____ May not return to work until: _____

_____ May resume to work immediately with the following limitations:

- a. Sedentary work – involves sitting or occasional walking/standing
- b. Light work – lifting 20 lbs maximum and frequent lifting and/or carrying objects up to ____lbs.
A small degree of pushing and pulling or when job requires walking or standing to a significant degree
- c. Medium work – lifting ____lbs maximum and frequent lifting and/ or carrying objects up to ____lbs.

Other restrictions: _____

How long at modified work: ____/____/____ Return for reevaluation: ____/____/____

Diagnosis: _____ Referred to Physical Therapy: ____ Yes ____ No

Physician Signature: _____ Date: ____/____/____

****This form should be returned to supervisor/mgr. on the same day of treatment****

RECORDABLE / UNRECORDABLE