The policy of the City of Oxnard is to return to work an industrially injured employee as soon as s/he is deemed medically able to do any productive work. Please complete and return this notice to your patient before s/he leaves your office.

PHYSICIAN'S NOTICE OF RETURN TO WORK OR TEMPORARY MEDICAL RESTRICTIONS

Employee:_____ DOB:_____ Exam Date: _____

DX: _____

Date of Injury:_____Injury Related to Prior Injury? ☐No ☐Yes Date:_____

Basis for Treatment: ☐First Aid ☐Industrial ☐Non-industrial ☐Undetermined

Please examine this patient and provide the medical treatment which may be required as a result of this injury. Please forward this report and bill to:

CorVel Corporation, P.O. BOX 6966, Portland, OR 97228
Fax: 888-851-9190
Email: 888519190@onelinecapturecenter.com

Should you have questions or need additional information, please contact CorVel at 909-257-3700.

Doctor — Please complete the following, retain the goldenrod copy for your chart and give remaining copies to the injured worker.

PATIENT'S STATUS

☐ Discharged as cured – no restrictions _____ Date

☐ Return to work – no restrictions: Medical follow-up required

☐ Return to work - *with restrictions: Starting_____Through _____

☐ Expected period of disability: _____

☐ Next appointment date: _____

NOTE RESTRICTIONS BELOW (*If modified or alternate work is unavailable, patient will be placed on TTD by employer*)

PHYSICAL ACTIVITY RESTRICTIONS

☐ No repetitive lifting of_____lbs. or more
☐ No repetitive pushing/pulling of_____lbs. or more
☐ No repetitive squatting/kneeling
☐ No repetitive bending/stooping
☐ No prolonged standing in excess of_____hours
*All modified work includes the restriction of no sports activity.

☐ No prolonged sitting in excess of_____hours
☐ No at or above-shoulder level reaching
☐ No running/jumping/climbing
☐ No repetitive keyboarding in excess of____minutes per hour
☐ Other (please be specific): _____

Physician Comments:

Physician Signature/Date	Physician Name (Print)	Phone #

Note: Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

Distribution: White – Insurance Administrator Canary – City of Oxnard Pink – Supervisor Goldenrod – Physician