

## **Sample Modified Duty Job Description Approval Form**

After identifying your light duty job description this form can be used to send the light duty job demands to the treating physician for approval.

## Modified Duty Physicians Approval

Date: \_\_\_\_\_

Clinic: \_\_\_\_\_

Fax#: \_\_\_\_\_

Employee: \_\_\_\_\_ Date of Accident: \_\_\_\_\_

Claim Number: \_\_\_\_\_ Insurance Carrier: \_\_\_\_\_

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

The above referenced employee is scheduled to be seen in your office today. Please review the following job description. We are attempting to determine if the employee is able to return to work light or modified duty.

Job Description: (Attach a copy of the Job Demand Evaluation if Necessary)

### **Please answer the following questions and Fax a copy of this request back to our office**

Based on your evaluation of the employee today:

Is the employee able to perform the above job description:  Yes  No

If yes, can the employee return to work light duty starting today:  Yes  No

If no, when do you anticipate that the employee will be able to return to work light duty?

\_\_\_\_\_

Date of Next Appointment: \_\_\_\_\_

Thank you,

Please fax your response to: \_\_\_\_\_ (add your fax number) \_\_\_\_\_