



# Return to Work Evaluation

MCPS Form 440-40  
March 2009

Office of Human Resources  
MONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 20850

**PART I—Employee:** The employee completes Part I of this form, accesses his/her job description, and provides the job description to the physician or health care practitioner. The employee may access the job description via *montgomeryschoolsmd.org/departments/personnel*. If the job description is unavailable, the employee should contact his/her immediate supervisor.

Name \_\_\_\_\_ Employee ID \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Work Location \_\_\_\_\_ Job Position \_\_\_\_\_

**PART II—Employer:** MCPS will determine the employee's ability to return to work based upon the job description and the listed restrictions.

Employee  is/ is not approved to return to work at this time \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Signature, Staffer* \_\_\_\_\_ *Date* \_\_\_\_\_

**PART III—Physician/Health Care Practitioner:** The physician or health care practitioner must complete Parts III and IV and return to the patient after reviewing the current job description. Thank you for assisting in our efforts to return our employee to work in a safe and timely manner.

### WORK ACTIVITIES TABLE

Please complete the following table for restrictions related only to the patient's job description.

In an 8-hour work day, the patient can:	No Restrictions	5-8 Hours	3-5 Hours	1-3 Hours	Not At All
Stand/Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In an 8-hour work day, the patient can:	How many consecutive hours can the patient perform these activities?			
	No Restrictions (5-8 Hours)	Frequently (3-5 Hours)	Occasionally (1-3 Hours)	Not At All (0)
<b>LIFT</b>				
0-10 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11-20 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21-50 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51-100 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>CARRY</b>				
0-10 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11-20 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21-50 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51-100 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Squat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work at heights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work in temperature extremes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work indoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work outdoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gross Grasping (indicate right or left)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine Motor Manipulation (indicate right or left)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operate Foot Controls (indicate right or left)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please explain				

I have reviewed the job description and make the following recommendation.

- This patient is released to work with no medical restrictions and the patient is able to perform the essential job functions of the position. ....Full Duty Release Date \_\_\_\_/\_\_\_\_/\_\_\_\_
- This patient is released to work with the restrictions noted. .... Re-evaluation Date \_\_\_\_/\_\_\_\_/\_\_\_\_
- This patient **is not** released to work in any capacity at this time.

### PART IV—Physician/Health Care Practitioner Information:

\_\_\_\_\_  
*SIGNATURE, Physician/Health Care Practitioner*  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Telephone Number* \_\_\_\_\_ *Date*

\_\_\_\_\_  
*PRINT NAME, Physician/Health Care Practitioner*  
\_\_\_\_\_  
*SPECIALTY, Health Care Practitioner*