



Employee Release to Return to Work

Return form to: Oregon Institute of Technology Phone: 541 885 1028
3201 Campus Drive, Snell 107 Fax: 541 851 6200
Klamath Falls, OR 97601

Employee _____ ID# _____
Position/Job _____

SECTION 1: WORK STATUS (Select one)

OPTION 3 – Released to Modified Work Status from (date): _____ to: _____
Cognitive/Psychological components

Yes No

Is the employee expected to materially improve from medical treatment or the passage of time? Yes No

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SECTION 3: COGNITIVE/PSYCHOLOGICAL COMPONENTS

Does employee have any cognitive or psychological conditions which would impact return to work?

If no, please

SECTION 4: OTHER RESTRICTIONS

If there are other job restrictions you have not described elsewhere please describe here:

Is the employee currently prescribed medication that would impair job function or safety? If so, please describe:

Are all listed work restrictions medically necessary? Yes No

SECTION 5: CERTIFICATION

I certify that the information provided in this form is true and correct to the best of my knowledge.

Medical provider's signature: _____ Date: _____

Print provider's name: _____ Phone: _____