

RETURN-TO-WORK

Name: _____

Employee #: _____ DOB: _____ Date: _____

Contractor: _____

COMMENTS: Employee should report with a memo from the supervisor indicating the reason for Return-to-Work request. If no memo, call supervisor before the exam to ascertain reason. Document indication for test in clinical note.

PACKAGE: RETURN-TO-WORK MEDICAL

RTW

_____ History: The examiner must take an appropriate history based on the nature of the employee's medical condition, review of whatever records the employee brings to the evaluation, the demands of the employee's position, and the concerns of the supervisor that requested the examination.

REFLEXIVE TESTING:

As Needed Physical Examination: Perform a specific body system exam to verify recovery/current functional ability, or to address the concerns of the supervisor.

Describe Problem:

Exam Indicated (check if performed):

	▶ _____ Physical exam of the	A44
	▶ _____ Physical exam of the	A45
	▶ _____ Physical exam of the	A46
	▶ _____ Physical exam of the	A47
	▶ _____ Physical exam of the	A48

Other Testing: If the contract physician believes other testing is essential, please contact OHP for pre-authorization