



# RETURN TO WORK MEDICAL EVALUATION FORM

Return to Sedgwick  
P.O. Box 182808  
Columbus, OH 43218-2808  
Fax: 888.436.9535 | Phone: 888.436.9530

Patient Name:  
Patient Date of Birth:  
Claim Number:

### Instructions to the Healthcare Provider:

Your cooperation in completing this form is vital to our efforts in determining the work potential of your patient. Our goal is to return the employee to their full working capacity safely, as soon as possible. Thank you for your assistance.

### MEDICAL FACTS

Date of condition/injury/surgery/onset of illness? \_\_\_\_\_  
Date of exam: \_\_\_\_\_

### RETURN TO WORK INFORMATION

Have you advised your patient about when they can return to work?

Yes (Check all that apply)

- To the same occupation: On date (mm/dd/yyyy) \_\_\_\_\_
  - Full-time/Full Duty
  - Full-time/Modified Duty
  - Reduced hours/Full Duty
  - Reduced hours/Modified Duty
- To any other occupation: On date (mm/dd/yyyy) \_\_\_\_\_
  - Full-time/Full Duty
  - Full-time/Modified Duty
  - Reduced hours/Full Duty
  - Reduced hours/Modified Duty

How many hours a day can the patient work if returning to work reduced hours? \_\_\_\_\_

No (Please explain.)

\_\_\_\_\_  
\_\_\_\_\_

- The patient is unable to return to work until the next evaluation on date (mm/dd/yyyy): \_\_\_\_\_
- The patient has been referred to another health care provider.
  - Name: \_\_\_\_\_
  - Specialty: \_\_\_\_\_
  - Date of appointment (mm/dd/yyyy): \_\_\_\_\_

**Complete Functional Assessment Section ONLY if patient has been released to Modified Duty**

**Patient Name:**  
**Patient Date of Birth:**  
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**FUNCTIONAL ASSESSMENT**

How many hours in a workday can your patient perform these tasks?

	Hours	Continuously	Intermittently	Breaks	Frequency	Duration
Sit		<input type="checkbox"/>	<input type="checkbox"/>			
Stand		<input type="checkbox"/>	<input type="checkbox"/>			
Walk		<input type="checkbox"/>	<input type="checkbox"/>			
Climb		<input type="checkbox"/>	<input type="checkbox"/>			
Twist /Bend/Stoop		<input type="checkbox"/>	<input type="checkbox"/>			
Squatting/Kneeling/Crawling		<input type="checkbox"/>	<input type="checkbox"/>			
Reach above shoulder level		<input type="checkbox"/>	<input type="checkbox"/>			
Reach front and side at desk level		<input type="checkbox"/>	<input type="checkbox"/>			
Perform fine finger movement		<input type="checkbox"/>	<input type="checkbox"/>			
Perform eye/hand movement		<input type="checkbox"/>	<input type="checkbox"/>			
Repetitive feet movement		<input type="checkbox"/>	<input type="checkbox"/>			
Must wear hearing protection		<input type="checkbox"/>	<input type="checkbox"/>			
Must wear eye protection		<input type="checkbox"/>	<input type="checkbox"/>			

How many hours in a work day can your patient lift/carry:

	Hours	Continuously	Intermittently	Breaks	Frequency	Duration
Up to 10 lbs.		<input type="checkbox"/>	<input type="checkbox"/>			
11 to 20 lbs.		<input type="checkbox"/>	<input type="checkbox"/>			
21 to 50 lbs.		<input type="checkbox"/>	<input type="checkbox"/>			
51 to 100 lbs.		<input type="checkbox"/>	<input type="checkbox"/>			
Over 100 lbs.		<input type="checkbox"/>	<input type="checkbox"/>			

How many hours in a work day can your patient push/pull:

	Hours	Continuously	Intermittently	Breaks	Frequency	Duration
Up to 10 lbs.		<input type="checkbox"/>	<input type="checkbox"/>			
11 to 20 lbs.		<input type="checkbox"/>	<input type="checkbox"/>			
21 to 50 lbs.		<input type="checkbox"/>	<input type="checkbox"/>			
51 to 100 lbs.		<input type="checkbox"/>	<input type="checkbox"/>			
Over 100 lbs.		<input type="checkbox"/>	<input type="checkbox"/>			

Is your patient under medication that could affect their ability to work? Yes No

If yes, please explain: \_\_\_\_\_

Can your patient operate a motor vehicle? Yes No

When are these restrictions expected to end? (mm/dd/yyyy): \_\_\_\_\_

Follow-up plan of treatment? No Yes, return visit on date(mm/dd/yyyy): \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m.

**PHYSICIAN INFORMATION**

Telephone Number: \_\_\_\_\_ Physician Printed Name: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_ Physician Specialty: \_\_\_\_\_  
 Date: \_\_\_\_\_ Physician Signature: \_\_\_\_\_

**The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic information' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.**

**FRAUD NOTICES. For your protection, certain states require that the following notices appear on this form.**

**Alaska** – A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

**California** – For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Colorado** – It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Delaware** – Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**District of Columbia** – It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Florida** – Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Idaho** – Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement or claim containing any false, incomplete or misleading information is guilty of a felony.

**Indiana** – A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**Kentucky** – Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Louisiana** – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Maine** – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Minnesota** – A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**New Hampshire** – Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**New Jersey** – Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**New Mexico** – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**New York** – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Ohio** – Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma** – Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Pennsylvania** – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Tennessee** – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Washington** – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**FOR ALL OTHER STATES EXCLUDING CONNECTICUT, KANSAS, AND VIRGINIA** – A person may be committing insurance fraud, if he or she submits an application or claim containing a false or deceptive statement with intent to defraud (or knowingly that he or she is helping to defraud) and insurance company.