



The UW employee is required to give a copy of their job description to the health care provider prior to the form being filled out for their review. This form is to be completed by the health care provider and submitted to Human Resources before employment can be restored.

If there are restrictions listed below or reduced hours the employee can work per day/week, the employee is required to call the Christian Carter (ccarter8@uwyo.edu, 307-2290) to discuss the next steps prior to returning to work. The completed form may be faxed to (307) 766-5636.

Please call Christian Carter (307) 766-2290 to discuss your restrictions and questions.

Patient's name: _____ Today's date: _____

The patient is able to return to work on: _____

Please check all that apply:

☐ There are no restrictions and the patient can perform **all** the essential functions of his or her job as described in the job description (Classification Description). Please pay special attention to the "Skills and Abilities" section that may include lifting or manipulating objects.

☐ The patient may return to work in a restricted capacity. **Please list any restrictions the patient may have and the probable duration of the restrictions.** Please refer to the "Skills and Abilities" section of the Classification Description for any requirements for lifting or manipulating objects or other physical requirements. **Please explain below. An employee may be delayed in returning to work if the explanation and comment section is not completed.**

☐ The patient may return to work and is able to perform the functions of his or her job but needs to work reduced hours for a period of time. **Please explain below and provide the probable duration of the reduced work hours. For example: "employee may only work 4-6 hours per day for the next 2 weeks, then may return full-time on mm/dd/yyyy."**

Explanation and Comments: _____

Signature of Health Care Provider _____ Date _____

Address _____ Telephone Number _____

Type of Practice _____