



Return to Work Authorization Workers' Compensation

Print Form

Risk Management
Mat-Su Borough School District
501 N. Gulkana
Palmer, AK 99654
P: (907) 746-9213 || F: (907) 761-4091

Employee Name

Date of Injury

TO THE ATTENDING PHYSICIAN:

The Matanuska-Susitna Borough School District is committed to working with health care professionals to provide employees with opportunities to promptly and safely return to work following medical treatment. We recognize there may be limitations during the recovery period which may prevent the performance of regular duties. To assist us in identifying suitable duties during our employee's recovery, please indicate below what restrictions, if any, you are recommending and the expected end date for the specified limitations.

No restrictions. Employee may return to regular duty effective

Limited Duty with the Following Minimal Restrictions:

- No Lifting over pounds from through
- No Repetitive Lifting over pounds from through
- No Prolonged Sitting from through
- No Prolonged Standing from through
- No Excessive Bending or Twisting from through

Unable to return to work from through

Other Restrictions / Comments (Include Dates)

Next appointment date (if needed): Time:

Physician Name Phone Number

Address

Physician's Signature Date

EMPLOYEE: This Return To Work Authorization form is to be completed by your physician during your medical evaluation.