

# Free Printable Return to Work Form PDF

**Title: Free Printable Return to Work Form**

## Section 1: Employee Information

- Name: \_\_\_\_\_
- Employee ID: \_\_\_\_\_
- Department: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

## Section 2: Doctor's Information

- Doctor's Name: \_\_\_\_\_
- Medical Practice: \_\_\_\_\_
- Address: \_\_\_\_\_
- Contact Number: \_\_\_\_\_

## Section 3: Medical Summary

- Date of Injury/Illness: \_\_\_\_\_
- Diagnosis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Section 4: Return to Work Authorization

- Date of Examination: \_\_\_\_\_
- Authorized Return Date: \_\_\_\_\_

## Section 5: Work Restrictions

- Are there any restrictions? (Check one):
  - Yes
  - No
- If yes, specify:  
\_\_\_\_\_  
\_\_\_\_\_

### Section 6: Follow-Up Schedule

Date	Time	Follow-Up Reason	Comments
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### Section 7: Doctor's Certification

- I confirm that the above information is accurate.
- Doctor's Signature: \_\_\_\_\_
- Date: \_\_\_\_\_