

**DAKOTA MILESTONES  
RETURN TO WORK FORM**

AUTHORIZED PHYSICIAN, PLEASE COMPLETE

\_\_\_\_\_ had an appointment on (date) \_\_\_\_\_  
Name of patient (print)

In accordance with this patient's physical capability, check all that apply

May resume work immediately, no restrictions.

May resume work immediately with the following restrictions

Sedentary work (sitting, occasional walking, standing, lifting less than 10 lbs.)

Light work (lifting less than 20 lbs.)

Medium work (lifting less than 50 lbs.)

Heavy work (lifting less than 100 lbs.)

He/She is released to work

\_\_\_\_\_ Hours per day

His/her normal shift

He/She may return to work at full duty on (date) \_\_\_\_\_

He/She has a return appointment on (date) \_\_\_\_\_ at (time) \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Name (print)