J. MICHAEL GRUBBS
human resources director

LORI GRAY
benefits manager

CITY OF BOWLING GREEN
F O U N D E D 1 7 9 8

DAVID A. WEISBRODT
safety/training manager

QUENNA NORRIS
human resources specialist

TO: Treating Physician

FR: David Weisbrodt, Safety & Risk Manager

RE: Modified Duty Assignment

It is the policy of the City of Bowling Green, when possible, to modify work assignments for a limited time period in order to assist employees who are temporarily restricted from performing their regularly assigned duties due to a work related injury.

The City's modified duty positions provide the injured employee with work assignment that meets restrictions which may have been prescribed by the injured employee's evaluating physician. Modified duty positions vary by City department however each department has the capability and the willingness to provide modified duty assignments that meet physician restrictions up to and including sedentary work.

When completing the injured employee's return-to-work statement, we ask that you please specify any restrictions and a specific time period for which the restrictions apply. Regardless of whether the employee is actually scheduled to work the day following injury, we ask that the return-to-work statement be completed as if the employee is scheduled to work the day after injury. By completing the work statement in this manner, all guesswork in determining an actual date the employee is able to return to work eliminated.

We appreciate your assistance in our effort to provide our employees with suitable employment during their time of recovery. Please feel free to call me at 270-202-6776 should you have any questions or need additional information.

_____ _____

Physician's Signature Date

PLEASE SIGN AND RETURN THIS FORM ALONG WITH THE RETURN-TO-WORK STATEMENT

EQUAL OPPORTUNITY EMPLOYER AND DRUG-FREE WORKPLACE

1001 COLLEGE STREET
POST OFFICE BOX 430 • BOWLING GREEN • KY • 42102-0430
270.393.3689 • 877.260.3987 *toll free* • 270.393.3298 *fax* • 270.393.HIRE *job hire line*
TDD PHONE NUMBER 1.800.545.1833 EXTENSION 330
www.bgky.org

CITY OF BOWLING GREEN
PHYSICIAN'S REPORT OF INJURY/ILLNESS

TO BE COMPLETED BY EMPLOYER:

Employee Name: _____

Social Security #: _____ **Sex:** ☐ **Male** ☐ **Female**

Employer Contact: David Weisbrodt **Telephone:** (270) 202-6776 **Fax:** (270) 901-3162
Kim Ives **Telephone:** (270) 393-3692 **Fax:** (270) 901-3162

TO BE COMPLETED BY EMPLOYEE:

I will return this form promptly to my employer. I authorize my attending physician to release any and all information acquired in the course of examination to my employer.

_____
Employee Signature

TO BE COMPLETED BY PHYSICIAN:

Diagnosis: _____

Treatment: _____

Return to Work Statement

IMPORTANT: The return to work selection is to be completed by the physician, assuming the employee's work schedule will require them to return to work immediately.

☐ **May return to work at regular duty on** _____ **(date) with no physical limitations**

☐ **May return to work on** _____ **(date) with the following physical limitations:**

Activity	Limitations
Walking	☐ No Walking ☐ Limit Walking to: _____
Lifting	☐ No Lifting ☐ No lifting over _____ pounds. ☐ No bending/stooping/twisting ☐ No pushing/pulling over _____ pounds. ☐ Work only at chest level
Sitting	☐ Sitting job only ☐ Alternate sitting/standing
Driving	☐ No driving to or from work ☐ No driving at work ☐ No driving while on prescribed medication
Climbing	☐ No climbing
Other	☐ _____

☐ **Remain off work until** _____ **(date).**

Additional Physician Statement
Complete if applicable:

☐ **Patient has a follow-up appointment at:** _____

☐ **Patient has been referred to:** _____

☐ **Patient has reached maximum medical improvement**

Physician comments: _____

_____

_____

_____ _____
Physician Signature Date