

Physician's Statement of Employee's Capabilities For Jefferson County Government Employees

Employee Name:

Employee Address:

Jefferson County and our contingency agencies support light duty. In an effort to assist our employee, please complete the following information. A copy of the employee's job description may be attached to assist you if it is outside the scope of a typical office environment:

Based on the employee's mental condition, prescription medication and physical condition, please indicate in an 8 hour workday, how many hours the employee can be:

In the Office	1	2	3	4	5	6	7	8	Continuous	With Rests
Work from Home	1	2	3	4	5	6	7	8	Continuous	With Rests
Physical Conditions:										
Sitting	1	2	3	4	5	6	7	8	Continuous	With Rests
Standing	1	2	3	4	5	6	7	8	Continuous	With Rests
Walking	1	2	3	4	5	6	7	8	Continuous	With Rests
Computer/Paper Processing Tasks	1	2	3	4	5	6	7	8	Continuous	With Rests
Phone Calls	1	2	3	4	5	6	7	8	Continuous	With Rests
Emails	1	2	3	4	5	6	7	8	Continuous	With Rests
Exposed to Stress	1	2	3	4	5	6	7	8	Continuous	With Rests
Maximum Hours/Day to Work?	1	2	3	4	5	6	7	8	Continuous	With Rests

Can the employee drive to and from work?

Any other restrictions?

Comments:

Physician's Name:

Date:

Date Work Restrictions Begin:

Full-Duty Release:

Physician's Signature: _____

Return Form to: