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**APOLLO**

**RETURN TO WORK AUTHORIZATION**

**NOTE: WORKER MUST RETURN THIS FORM TO APOLLO AS SOON AS POSSIBLE AND PRIOR TO RETURNING TO WORK.**

CLAIMANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CLAIM #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_\_\_\_\_

DATE OF INJURY: \_\_\_\_\_\_\_\_\_\_\_\_TYPE OF INJURY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYER NAME: ( ) Apollo Sheet Metal, Inc ( ) Apollo Inc. ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Healthcare Provider:

Apollo has a policy requiring the injured/ill worker to notify Apollo of his/her ability to work following an industrial injury/illness.

Please provide the following information:

 [ ] RELEASED TO WORK AT ORIGINAL JOB.

 [ ] RELEASED TO MODIFIED JOB WITH RESTRICTIONS AS

 FOLLOWS:

 ( ) No climbing

 ( ) No prolonged walking or standing

 ( ) No prolonged bending or stooping

 ( ) Sitting down work ( ) Only ( ) Mainly (check one)

 ( ) One handed work ( ) Only ( ) Mainly (check one)

 ( ) Weight-lifting restrictions:

 ( ) 0 to 15 pounds

 ( ) 15 to 35 pounds

 ( ) 35 to 50 pounds

 ( ) Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ( ) Medication warning(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Estimated days at modified job duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 [ ] NOT RELEASED FOR WORK AT THIS TIME.

 Worker will be rechecked for modified/regular duty work on: \_\_\_-\_\_\_-\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ATTENDING PHYSICIAN (SIGNATURE) DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ATTENDING PHYSICIAN (PRINT) PHONE

**EMPLOYER USE: LIGHT DUTY OFFERED TO WORKER ON: \_\_\_-\_\_\_-\_\_\_. ( ) ACCEPTED ( ) DECLINED**