

Appendix F

COUNTY OF HUMBOLDT

HEALTH CARE PROVIDER CERTIFICATION

EMPLOYEE NAME: _____

☐ 1. The above named patient is not able to work from _____
until _____.

☐ 2. Return to regular work on _____

☐ 3. Return to work on _____ until

_____ with the following restrictions:

May work 4 6 8 hours per shift.

May not:

☐ lift/push/pull/carry more than 10 20 30 50 pounds frequently or repetitively.

☐ lift/push/pull/carry more than 10 20 30 50 pounds at any time.

☐ prolonged bending or stooping

☐ prolonged walking or standing

☐ prolonged or repetitive climbing, kneeling, or squatting

☐ climb ladders or work at heights

☐ operate vehicles or moving equipment

☐ sit more than _____ hours/minutes

☐ other _____

☐ 4. Continues to be unable to work from _____
until _____.

INDUSTRIAL INJURY ☐ YES ☐ NO

HEALTH CARE PROVIDER:

NAME

ADDRESS

TELEPHONE

SPECIALTY

DATE