

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