



## Medical Fitness-Medical Practitioner's Report Exhibit

Dear Dr. \_\_\_\_\_

Southeast makes every effort to accommodate its employees to aid in the early and successful rehabilitation of ill or injured workers. In order to identify appropriate work, SoutheastCollegiate requests your assistance by completing this form, which will provide the employee with duties within the employee's capabilities given your assessment of his/her capabilities.

Please complete Sections A, B, C, as applicable. Your cooperation is appreciated. This certifies that I have thoroughly examined

(Name of Patient) \_\_\_\_\_

Date of last attendance on employee \_\_\_\_\_

### Section A

1. Does employee have a medical condition that would prevent him/her from attending work and performing his/her duties full-time as described in the attached job description?

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, can employee carry out his/her duties on a full-time basis with no restrictions:

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, what percent of full time \_\_\_\_\_

**Section B**

1. Employee may return to modified work, with restrictions, as indicated below:

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please complete the following:

Employee is able to do the following: (Please check column that applies) Action	No Restrictions	Continuous 67% - 100%	Frequent 34% - 66%	Occasional Up to 33%	Not at all
Standing					
Walking					
Sitting					
Working with hands above shoulders					

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