

Instructions for Limited Duty or Return-to-Work Visits at Occupational Health

On Duty Injury / Illness:

- **Option 1:** For injuries that occur while working at PNSY, you may come to the clinic for evaluation. If the injury is minor and does not require outside medical treatment, then the provider at the clinic will handle your work restrictions and Work Capacity Recommendations to return to work.
- **Option 2:** If you are seen at an outside medical facility for your injury or illness, you must return with documentation of that visit, **and** any work restriction recommendations from that provider. If there are no work restrictions required, then that must also be stated in the letter.

If treated by an outside provider in the civilian network, you should be given one of the forms below by your provider for Workers' Compensation Evaluations. Please make sure these are signed or co-signed by a **physician** and have the correct date of the evaluation.

- 1) Maine Workers' Compensation Board M-1 Diagnostic Medical Report
- 2) New Hampshire Workers' Compensation Medical Form (75 WCA-I)
- 3) US Department of Labor Duty Status Report (Form CA-17)

If you do not have the above forms, then a letter from your provider may serve as a substitute for return to work and work capacity recommendations. You may also have the provider fill out our Work Capacity Recommendation form. The above forms **ARE** required for Workers' Compensation claims. See below (Limited Duty Letter Requirements) for letter requirements.

Off Duty Injury / Illness / Procedure seen at outside medical facility:

If you suffer an illness or injury outside of work and need to be evaluated by one of our providers prior to returning to work, please call the clinic (x5981) to schedule a visit as soon as possible to avoid delays. Please bring with you a letter from your evaluating provider outlining any work restrictions. If no restrictions are needed, this must also be stated in the letter. See next section, Limited Duty Letter Requirements.

Limited Duty Letter Requirements: Typed on facility letterhead, must contain the following:

- 1) Date of injury/illness
- 2) Date of evaluation
- 3) Diagnosis (Name of the injury, illness or procedure)
- 4) Treatment plan (care plan for the stated diagnosis, such as medications, x-rays, splinting, need for further treatment or follow up with any specialists, etc.)
- 5) Date of any follow up visits (if applicable)
- 6) Work restrictions (Full duty, limited duty, or no duty until cleared by another provider)
 - a. If limited duty, specific restrictions must be listed (weight lift limits, activity limits, etc.)
 - b. Please help with this process by informing your provider of what you normally do at work as many providers are not familiar with the physical demands of your job position at a shipyard
- 7) Duration of work restrictions
- 8) Printed name AND credentials of the provider signing the form
- 9) Provider signature on the form

After you are evaluated, please call (x5981) and make an appointment with the Occupational Health clinic prior to your return-to-work date. Due to other patient-care demands from other scheduled appointments, we will typically not be able to take walk-ins for this purpose. Please bring the above medical documentation with you to your appointment. If you do not have proper medical documentation to show the front desk when you arrive, then you may be asked to reschedule an appointment to a later date.

An important note: "Discharge Instructions" from an emergency room visit, hospital admission or surgical procedure **will NOT be considered** as work capacity recommendations (unless specifically documented separately). These are for YOU, the patient, to inform you about your injury or illness and guide your recovery.

QUICK REFERENCE CHECKLIST FOR RETURN TO WORK

1) **Minor work-related injuries:** may be seen at the Occupational Health clinic and have work restrictions initiated here.

2) **Work-related injuries seen at outside facilities:** obtain Workers' Compensation forms WITH documented work restrictions and signed by the provider who evaluated you.

3) **NON-work-related injuries, illnesses or procedures:** please obtain a legible typed letter on official letterhead that includes the following:

- a. Date of injury/illness
- b. Date of evaluation
- c. Diagnosis
- d. Treatment plan
- e. Date of any follow up visits (if applicable)
- f. Work restrictions (Full duty, limited duty, or no duty until cleared by another provider)
 - i. If limited duty, specific restrictions must be listed (weight lift limits, activity limits, etc.)
 - ii. Please help with this process by informing your provider of what you normally do at work as many providers are not familiar with physical demands at a shipyard for your specific job description.
- g. Duration of work restrictions
- h. Printed name AND credentials of the provider signing the form.
- i. Handwritten signature of provider

4) Make an appointment as soon as possible with the clinic **before** your anticipated return to work date if possible.

5) Bring all paperwork in hand, in person, **WITH YOU** to your appointment. Failure to do so will prompt immediate cancelation of your appointment and you must reschedule when you can bring physical paperwork to your visit. Stating that your work restrictions were faxed or emailed to the office is NOT acceptable.

Employee / Patient: Please copy and give pages 4-5 to your medical provider for guidance on documenting Limited Duty / Return to Work restrictions.

Dear Medical Provider,

Your patient is employed at the Portsmouth Naval Shipyard and requires a letter to return to work at your recommended work capacity. Below are requirements that must be included in the letter for our clinic to most accurately document their recovery and help keep the worker safe as they return to employment following their injury, illness or procedure. These forms are meant for your guidance. Please ask the patient about their specific duties as some involve significant weightlifting and agility, involving dangerous equipment, ladders, vibration tools, etc.

Thank you in advance for helping keep our workforce safe, healthy and productive.

Occupational Health Clinic, Portsmouth Naval Shipyard

Limited Duty Letter Requirements:

The letter must be typed and legible on official facility letterhead, and must contain the following:

- 1) Date of injury/illness
- 2) Date of evaluation
- 3) Diagnosis (Name of the injury, illness or procedure)
- 4) Treatment plan (medications, splinting, need for further follow up with any specialists, etc.)
- 5) Date of any follow up visits (if applicable)
- 6) Work restrictions (Full duty, limited duty, or no duty until cleared by another provider)
 - a. If limited duty, specific restrictions must be listed (weight lift limits, activity limits, etc.)
 - b. Please have the worker explain what they normally do at work, as many providers are not familiar with physical demands at a shipyard for specific job descriptions
- 7) Duration of work restrictions (Fixed time limit vs follow-up visit guided, etc.)
- 8) Printed name AND credentials of the provider signing the form
- 9) Provider signature on the form

OCCUPATIONAL HEALTH WORK CAPACITY RECOMMENDATIONS

PHONE: 207-438-5981

FAX: 207-438-1527

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Employee: _____

DoD ID: _____

Badge #: _____

Supervisor: _____

Phone: _____

Shop/Code: _____

WORK RELATED: ☐ Yes ☐ No ☐ Undetermined

Date of Onset: _____

WORK CAPACITY: AT (As tolerated) F (Frequent, 30-60%) O (Occasional, 10-30%) S (Seldom, 1-10%) N (None)

			AT	F	O	S	N
L	R	Grip/Grasp					
L	R	Hand/Wrist/Elbow					
L	R	Arm/Shoulder					
L	R	Overhead/Shoulder					
L	R	Reaching					
L	R	Vibratory/Impact					

Lift/Carry:

L	R	MAX:	_____ lbs				
L	R		_____ lbs				

Push/Pull:

L	R	MAX:	_____ lbs				
L	R		_____ lbs				

	AT	F	O	S	N
Sitting					
Standing					
Walking					
Stairs					
Uneven surfaces					
Ladders: Vertical					
Non-Vertical					
Scaffolding					
Bend					
Twist					
Awkward Positions					
Kneel					
Squat					
Crawl					
Driving					

Worker should NOT be assigned to the following areas/tasks:

- ☐ Operating Government Vehicles
☐ Forklift, JLG, Cranes
☐ Operating Hazardous Machinery
 with L R Hand Foot

- ☐ Dry Dock Areas
☐ Submarine Work (topside / interior)
☐ Heights (protected / unprotected)
☐ Confined Spaces (Tanks, RC)

- ☐ Noise Hazardous Areas
☐ Respirator Use
☐ Respiratory Irritants

Other:

- ☐ Keep clean, dry, covered
☐ Pregnancy Limits

- ☐ Sling/Splint/Boot
☐ Sudden Incapacitation Limits

- ☐ Crutches

Comments: _____

☐ UNTIL FOLLOW-UP: _____☐ PERMANENT☐ NO WORK☐ FULL DUTY

*For **ALL** limited duty appointments, please bring any work restrictions or clearance for duty recommendations from your treating provider. If you **DO NOT** have a physical copy of these recommendations, your appointment **WILL BE RESCHEDULED** and any current restrictions will remain in effect. PLEASE CALL x5981 TO RESCHEDULE YOUR APPOINTMENT IF UNABLE TO ATTEND.*

Provider Signature/Stamp: _____

Date: _____