

AccuKare Inc.
1061 Woody Ln. NW
Coon Rapids, MN 55448
Ph. (763) 862-3971 Fax (763) 862-2135

Return to Work Authorization

TODAY’S DATE _____

TO: _____

FROM: _____

Please find attached an authorization to return to work without restrictions to be completed by your physician and the PCA job description for AccuKare Inc. The job description must be reviewed by the physician and this form must be completed prior to your first day that you return to work.

If you have any questions regarding this, please feel free to contact the management of AccuKare Inc. or your supervising RN.

Thank you.

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Physician's Report of Work Status

Patient's Name: _____ Date of Birth: _____

Today's Date: _____ Date of Injury: _____

Employer: _____

Diagnosis related to work
restrictions/release: _____

Work Related: Yes No

Dates unable to perform full job duties: _____

The above patient may return to work without restrictions and with the ability to perform all duties as outlined in the attached PCA job description. Yes No

The above patient continues to have job restrictions as outlined below (Please List)

Please fill in the following by printing or stamp:

Physician's Name: _____

Clinic Name: _____

Address: _____

Telephone Number: _____ Fax Number: _____

Physician's Signature: _____

**All above information is to be considered confidential
And is to be treated in accordance with agency policy.**

