Return to Work Release



I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am able to return to work on this day\_\_\_\_\_\_\_\_,

(Employee) (Date of Return)

and perform the essential job functions and duties required of my position, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I, however, am currently prohibited to lift more than [20 pounds] as instructed by my physician. I have attached a copy of the note from my physician as reference. By signing below, I relinquish any liability on the part of my employer, [Company Name] should I choose to lift [20 pounds] or more. Any injury caused by lifting [20 pounds] or more is solely my own responsibility. I also relinquish my entitlement to take any legal action or to apply for workers compensation, if any further injury is caused by lifting [20 pounds] or more. If my pain persists or I am injured I must contact my supervisor immediately. This liability will be null and void once I present a written consent from my physician allowing my to perform all my job duties, including lifting [20 pounds] or more.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Date