



JATC Apprentice Medical Release to Return to Campus/Work

Send completed form to:

toledoatc@tejatc.org

Instructions: Any apprentice on medical leave/restrictions who wishes to be eligible for future work assignments, and/or requests to return to campus and attend classes and/or participate in hands-on-exercises, must provide a physician's release **and** receive approval from the Training Director.

Injured Apprentice's Name		Date of Injury	
Date of this appointment/exam		Date of next appointment/exam	
1	Job Description and Work Status		<input type="checkbox"/> Reporting changes from last exam <input type="checkbox"/> No changes
	Have you reviewed the apprentice's job description provided below?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Does the apprentice have ANY physical or health restrictions on the date of this exam?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is the apprentice taking any prescribed medication that may present a safety hazard/risk in performing any work activities?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> If yes to either of the above, please complete section 2. If no, is the apprentice fully released to return with no restrictions as of the date of this exam? 		<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Disability Information		
	If the apprentice has ANY physical or health restrictions, are any of the restrictions permanent? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If the restrictions are temporary, what is the estimated full duty return-to-work date ____/____/____		
	Please indicate whether apprentice has ANY physical or health restrictions on any of the following activities:		
	<input type="checkbox"/> Sitting <input type="checkbox"/> Standing <input type="checkbox"/> Walking <input type="checkbox"/> Climbing <input type="checkbox"/> Crawling	<input type="checkbox"/> Squatting/Kneeling <input type="checkbox"/> Bending <input type="checkbox"/> Twisting <input type="checkbox"/> Reaching <input type="checkbox"/> Grasping	<input type="checkbox"/> Pushing <input type="checkbox"/> Pulling <input type="checkbox"/> Lifting <input type="checkbox"/> Carrying <input type="checkbox"/> Other _____
Does the apprentice have ANY physical or health restrictions that limit the duration he/she can work/perform any activities: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> If yes, please specify:			
3	Treating Physician's Signature		
	I certify that the information on this form is correct to the best of my professional knowledge.		
	Treating physician's name (Print legibly.)		Address, city, state, zip
	Treating physician's signature:	Tel:	Fax:
Description of Apprentice/Electrician Physical Demands		Essential duties include, but are not limited to:	