# Form A (alt): Employee Return-to-Work Checklist

Date:

Date of injury:

Employee:

We are sorry to hear of your recent injury. If you require medical care because of a work-related injury, it is important to understand your responsibilities and the support available to you through [EMPLOYER’S] return-to-work (RTW) program. **All injured employees** are required to do the following:

* Read the contents of the enclosed package.
* Sign the copy of *Form D: Modified Work Offer*, acknowledging your understanding that modified work is available.
* Seek treatment from a physician.
* Ensure that you provide relevant information to the physician, including the following:
* **Form B1 or B2: Letter to Physician**
* **Form C: Physician Assessment — Return-to-Work Planning**
* **Form D: Modified Work Offer**
* Ensure that the physician has completed *Form C: Physician Assessment* before you leave the physician’s office.
* Provide your supervisor with a copy of the completed *Form C: Physician Assessment* and your physician’s written comments on *Form D: Modified Work Offer*.
* Contact your supervisor as soon as your medical appointment is complete.
* Should your shift end prior to completion of the medical appointment, please do all of the following:
* Have the physician fax the required information to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or email it to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* Contact the RTW coordinator and your supervisor within 24 hours.
* Be available to return to work at [EMPLOYER] for the beginning of the next scheduled shift as suitable modified work may be available.
* Do not perform any activities that exceed the restrictions identified by the medical practitioner.
* Cooperate with the RTW program. It is designed to support your return to health and work.

If you have any questions or concerns, please contact at

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Thank you. I look forward to your safe and timely return to work.

Sincerely,