



MODIFIED DUTY TASK ASSESSMENT

CLIENT INFORMATION

Client _____

Does the client have a written Early Return to Work Program? Yes No

(If yes, obtain a copy of written program and corollary materials)

ALTERNATE JOBS OR TASKS

List jobs and/or tasks that are available for injured workers that are released to work by their doctor with physical restrictions (light/modified duty):

Table with 8 rows for listing alternate jobs or tasks.

Name (printed) _____ Title _____
Owner or Authorized Representative

Signature _____ Date _____
mm HH YYYY

DECLINATION OF MODIFIED TASKS

If unable to provide any modified duty (note this is a requirement of the Employers Resource Safety Agreement), please acknowledge by signing below:

Signature _____ Date _____
mm HH YYYY