

Has the GP indicated restrictions on the Medical Certificates?  Yes  No

**If YES, please complete the following:**

---

**Employee**

---

**Date of Injury**

---

**Nature of Injury**

---

**Restrictions listed on Medical Certificates**

---

**Manager**

---

**Goal**  Manage injury at work  Return to normal duties  Return to new duties

---

### **Restricted Duties**

---

**Start Date**

---

**End Date**

---

**Hrs per day**

---

**Total hrs per week**

---

**Review Date**

---

**Location**

---

**Summary of Duties**

---

### **Special Considerations**

---

**Signed by Employee**

---

**Date**

---

**Signed by Supervisor**

---

**Date**

---

**Signed by Injury Management Coordinator**

---

**Date**