

Occupational Health Service Referral

Date: _____

Employee: _____ Department: _____

Supervisor's Remarks: _____

Time Out: _____ Supervisor's Signature: _____

To be completed by designated Physician / Nurse Practitioner

OHS Time:

IN: _____ OUT: _____

- Disposition: Return to Full Duty Off Duty No acute finding
 Referred to workers' compensation physician Medical documentation inadequate
 Must be seen by Occupational Health Service prior to return to duty.

Instructions (if any):

**THE EMPLOYEE HAS SUBMITTED DOCUMENTATION OF ILLNESS
FROM _____ TO _____, AND THE
ACCEPTABLE MEDICAL DOCUMENTATION IS ON RECORD IN THE OCCUPATIONAL
HEALTH SERVICE CHART.**

Physicians / Nurse Practitioner Signature: _____

NOTE: As per policy HR-19 employees are required to submit a Doctor's note for absences exceeding 3 days for clearance by OHS before returning to duty. **This note must contain sufficient medical information about the employee's health status, dates of treatment, and date employee may return to duty.** Employee on contractual medical documentation requirement must provide a doctor's note when returning to duty regardless of the number of days absent.

This form is to be returned to the Supervisor by Employee