

GENERAL DYNAMICS

Bath Iron Works

BIW EMPLOYEE RETURN TO WORK (RTW) CERTIFICATION

Date: _____ Patient Name: _____

DOB: _____ BIW Badge number: _____

The above-referenced patient has been under my care and direct observation since: _____

The last date I saw the patient in person was: _____. I have read the attached

Physical Task Analysis (PTA) for the trade of: _____.

And, **in my medical opinion**, I have determined that the patient has the ability to perform the functions of the job at the rates of frequency set forth in the PTA and is cleared to RTW on the following date:

_____.

_____ With the following restrictions:

_____ Use of narcotic/Scheduled II medications to manage condition: name/dose:

Any Additional Comments: _____

(If additional information would be helpful, please complete this form and attach additional sheets.)

Signature of treating Provider

Printed Provider Name/Practice

*Please include contact information should we require further information. If you have any questions regarding this form, please contact the BIW Medical Department at (207)442-4296. This form must be completed by a licensed board-certified physician, chiropractor, physician assistant or nurse practitioner.