

Return to Work - Cardiac

Date: _____

Employee Name: _____

Diagnosis/Procedure/Surgery: _____

Medications: Narcotics - Y/N Anticoagulant - Y/N

I have read the attached Physical Task Analysis for the trade of _____
and have determined that the above named employee has the ability to fulfill his/her job as described on
the following date _____.

Without restrictions

With the following restrictions:

We have discussed Cardiac Rehabilitation and it has been determined that it:

Is necessary Is not necessary

and employee has:

Completed Enrolled To be enrolled

I have also determined that a post event stress test:

Is necessary Is not necessary

Any additional comments:

Signed: Physician, Nurse Practitioner or Physician's Assistant