CRISTA
A FAMILY OF MINISTRIES

Human Resources
19303 Fremont Avenue North, MS - 77
Seattle, WA 98133
Phone (206) 546-7200 Fax (206)546-7535

RELEASE FOR WORK

NOTE: This form must be returned to Supervisor within 24 hours of doctor appointments.

Employee Name: _____ Appointment Date:_____

Job Title: _____

Diagnosis: _____

NOTE TO HEALTH CARE PROVIDER:

CRISTA Ministries often has light duty work available for temporarily disabled workers. Please indicate approval below and provide release dates, if appropriate for this injured worker.

- Worker released to FULL duty? Yes No If yes, effective when? _____
- Approved for LIGHT duty? Yes No If yes, effective when? _____
- What restrictions, if any, are in effect for this employee?_____

  _____
- Anticipated date that restrictions may be removed? _____
- ***If employee cannot be released to work light duty, please explain***: _____

  _____
- Is further treatment necessary? Yes No
- Next appointment date: _____

Employee's Signature: _____ Date: _____

Physician's Signature: _____ **Date:** _____

Physician's Name: _____ Phone # _____

(Please print)