

## Authorization for Medical Treatment

### Notes to the Doctor;

The City of Richmond offers light duty and will accommodate any and all employees who are eligible to return to work in a light duty capacity.

1. If you release this employee for selective work only, specify activities to be avoided such as bending, lifting, climbing, extensive waking, operation of motor vehicles, etc
2. The employee must be examined by the physician signing this form.
3. Please examine and give the necessary treatment to this employee, who claims an injury in the course and scope of their job, and check the appropriate boxes below.

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**(A) Employee's Supervisor**

Employee's Name \_\_\_\_\_ Dept \_\_\_\_\_

Description of Alleged injury: \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Panel doctor selected \_\_\_\_\_

(Name)

Immediate Supervisor \_\_\_\_\_ Date \_\_\_\_\_, 20 \_\_\_\_\_

(Signature)

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**(B) REPORT OF ATTENDING PHYSICIAN**

(To be returned immediately to bureau or Division Office by Employee)

Diagnosis; \_\_\_\_\_

The employee may return to:

Regular duty on \_\_\_\_\_, 20 \_\_\_\_\_

No duty yet,

Light duty on \_\_\_\_\_, 20 \_\_\_\_\_

Restrictions  No prolonged standing > \_\_ hrs  No pronged walking > \_\_\_ hrs

No lifting over \_\_\_ pounds  No prolonged sitting > \_\_\_ hrs

No repeated stooping/bending  No overhead reaching

No pushing/pulling > \_\_\_ pounds  Other \_\_\_\_\_

Remarks or Special instructions:

Hospitalized

No further treatment required

Next appointment \_\_\_\_\_, 20 \_\_\_\_\_

Day/ time

date

Physician signature: \_\_\_\_\_, 20 \_\_\_\_\_

Send medical bills to :

Corvel  
PO Box 4620  
Glen Allen VA 23058