

Claims Manager Form

5460F2

Employee Name _____

To be completed by the claims management coordinator.

Has the employee given you a copy of the Work Release Report (420F1)? The doctor has made certain recommendations on this form. Please discuss them with the employee prior to completing this form.

Which of the return to work options (See Return to Work Procedure) do you feel is most appropriate for the injured employee?

Response:

Why did you select this option?

Has the employee been assigned to a temporary, light duty work position? _____. If yes, what position has the employee been assigned? _____

Have you maintained weekly contact with this employee? _____. See employee contact sheet.

Have you completed an accident investigation? _____. If yes, see accident investigation report. If no, date investigation is to be complete. _____

Date which the employee has provided a written release from the Designated Physician to be able to resume regular work. _____

Claims manager coordinator

Date