ADVANCED EXPLORATIONS INC.
MODIFIED WORK RECOMMENDATION FROM PHYSICIAN

Advanced Explorations Inc. Has a light duty program to rehabilitate injured employees. Where practicable, the Company endeavors to find a suitable job to accommodate a worker's injury. We therefore ask for your cooperation in completing the following form.

TO BE COMPLETED BY ATTENDING PHYSICIAN: **Physicians Name:** _____
(please print)

Employee Name:					
Occupational Injury?	Yes	☐	No	☐	
Estimated number of days for recovery?					
Employee May return to work for Regular duties on:					
Employee may return to work for Light duty on:					
Please state the length of time employee must stay on Light Duty:					

Work restrictions (if any) and/or comments:

Patient/worker has been referred to _____ for further treatment
(Physician's name)

We thank you for the treatment of this worker and for your medical assessment of his/her injuries.

_____ _____
Date Physician's Signature