

**EMPLOYEE STATEMENT OF UNDERSTANDING
OF WORK RESTRICTIONS**

I, _____, understand that I have been given light duty
restrictions by Dr. _____ as follows:

- No lifting over _____ lbs.
- No repetitive motions/awkward positions.
- No pushing or pulling over _____ lbs.
- No walking or standing over _____ hrs.
- No kneeling or squatting.
- No operation of motorized vehicles.
- No climbing of stairs or ladders.
- No working around hazardous machinery.
- Avoid exposure to dust/irritants.
- Limited use of ___ Left ___ Right Hand.
- Other: _____

_____ I have read and understand my restrictions.

_____ I agree that I will not exceed my restrictions as outlined above.

_____ I agree that if I am asked to exceed those restrictions that I will report that request immediately to my supervisor _____.

_____ I understand that if I encounter an act at work that would require me to exceed my light duty restrictions in order to accomplish it, I will ask for assistance so as not to exceed my restrictions.

Employee

Witness

Date/Time

Date/Time