

Appendix 10: Supervisor's Follow-Up Report

To be completed by the supervisor in cooperation with the injured worker

Employee's Name: _____ Claim Number: _____ Date: _____

Date of Injury: _____ Report Period: From: _____ To: _____

<p>Description of Follow-up (check appropriate box) - Initial Day Back <input type="checkbox"/> Daily Follow-up <input type="checkbox"/></p> <p>Date: _____ Number of Hours Worked: _____</p> <p>Describe worker's duties and any concerns reported:</p> <p>_____ _____ _____ _____</p> <p>Supervisor's Signature: _____ Worker's Initials: _____</p>
<p>Description of Follow-up - _____ day on the Return to Work Program (1st, 2nd, etc.)</p> <p>Date: _____ Number of Hours Worked: _____</p> <p>Describe worker's duties and any concerns reported:</p> <p>_____ _____ _____ _____</p> <p>Supervisor's Signature: _____ Worker's Initials: _____</p>
<p>Description of Follow-up - _____ day on the Return to Work Program (1st, 2nd, etc.)</p> <p>Date: _____ Number of Hours Worked: _____</p> <p>Describe worker's duties and any concerns reported:</p> <p>_____ _____ _____ _____</p> <p>Supervisor's Signature: _____ Worker's Initials: _____</p>

Appendix 10: Supervisor's Follow-Up Report

Description of Follow-up - _____ day on the Return to Work Program
(1st, 2nd, etc.)

Date: _____

Number of Hours Worked: _____

Describe worker's duties and any concerns reported:

Supervisor's Signature: _____ Worker's Initials: _____

Description of Follow-up - _____ day on the Return to Work Program
(1st, 2nd, etc.)

Date: _____

Number of Hours Worked: _____

Describe worker's duties and any concerns reported:

Supervisor's Signature: _____ Worker's Initials: _____

Description of Follow-up - _____ day on the Return to Work Program
(1st, 2nd, etc.)

Date: _____

Number of Hours Worked: _____

Describe worker's duties and any concerns reported:

Supervisor's Signature: _____ Worker's Initials: _____