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| **Rehabilitation Plan for** | *Name* | | |
| Outcome Goals: | | Date to be Achieved: |  |
| Return to full operation and tasks | | | |
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|  | | | |
|  | | | |
| Immediate Goals: | | Date to be Achieved: |  |
| Obtain doctors certificate | | | |
| Review any special requirements from the doctor | | | |
| Identified tasks that (Name) can perform | | | |
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| Steps / Action | Action RehabilitationManager /Employee | Date | Cost | Review Date |
| Employee can perform the following tasks only |  |  |  |  |
| Discuss rehabilitation plan | Manager/Employee |  |  |  |
| Return restricted task  List only |  |  |  |  |
| Discuss rehabilitation plan | Manager/Employee |  |  |  |
| Return to full work |  |  |  |  |
| Medical Clearance from doctor |  |  |  |  |
| Sign off by Manager/Employee |  |  |  |  |
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| Manager: |  |
|  | |
| Employee: |  |