RHODE ISLAND GOVERNMENT REGISTER
PUBLIC NOTICE OF PROPOSED RULEMAKING

AGENCY: Department of Labor and Training

DIVISION: Workers' Compensation

RULE IDENTIFIER: ERLID 5767

REGULATION TITLE: Physician's Notice of Release to Work

RULEMAKING ACTION: Direct Final

Direct Final: If no formal objection is received on or before **December 1, 2017,** the Department of Labor and Training will file the repeal without opportunity for public comment.

TYPE OF FILING: Repeal

TIMETABLE FOR ACTION ON THE PROPOSED RULE:

Public notice date of: November 1, 2017.

Comment period ends: December 1, 2017.

SUMMARY OF PROPOSED RULE: The purpose of this rulemaking action is to repeal the regulation, "Physician's Notice of Release to Work" identified by ERLID 5767. Though labeled as a regulation, the Physician's Notice of Release to Work is more properly identified as a form, or guidance document, and is available on the Department's website.

COMMENTS INVITED:

All interested parties are invited to submit written or oral comments concerning the proposed regulations by **December 1, 2017** to the addresses listed below.

ADDRESSES FOR PUBLIC COMMENT SUBMISSIONS:

Mailing Address: Sean M. Fontes, Executive Counsel, Department of Labor and Training, 1511 Pontiac Avenue, Cranston, RI 02920

Email Address: sean.fontes@dlt.ri.gov

WHERE COMMENTS MAY BE INSPECTED:

Mailing Address: Department of Labor and Training, 1511 Pontiac Avenue, Cranston, RI, 02920.

FOR FUTHER INFORMATION CONTACT:

Sean M. Fontes, Executive Counsel, Department of Labor and Training, 1511 Pontiac Avenue, Cranston, RI 02920, 462-8890, sean.fontes@dlt.ri.gov

SUPPLEMENTARY INFORMATION:

Regulatory Analysis Summary and Supporting Documentation:

This proposed repeal will result in little to no small business economic impact.

Authority for This Rulemaking: R.I. Gen. Laws § 42-35-1 (9)

Regulatory Findings:

In the development of the proposed adoption consideration was given to: (1) alternative approaches; (2) overlap or duplication with other statutory and regulatory provisions; and (3) significant economic impact on small business. No alternative approach, duplication, or overlap was identified based upon available information.

The Proposed Amendment:

The Department of Labor and Training proposes to repeal the rule as follows below:

PHYSICIAN'S NOTICE OF RELEASE TO WORK

Submit to insurer within three (3) days of release to work
with a copy to the employee and his or her attorney.

DWC/MAB File # ______________

Employee/Patient Information:
Social Security # ______________
Name ______________
Address ______________
City, State, Zip ______________
Phone ______________
Date of Birth ______________

Injury Date: ______________

Insurance Carrier:
Name ______________
Address ______________
City, State, Zip ______________
Phone ______________

Insurer's File # ______________

Employer Information:
FEIN # ______________
Name ______________
Address ______________
City, State, Zip ______________
Phone ______________

Adjusting Company:
Name ______________
Address ______________
City, State, Zip ______________
Phone ______________

If the insurer is not known, contact the Division of Workers Compensation at (401) 462-8100.
Section 28-33-8(b) of the RI Workers' Compensation Act provides for a $20.00 fee to be charged for the timely filing of this form.

This medical report is rendered pursuant to Section 28-33-8 of the RI Workers' Compensation Act.

This is to certify that the above named employee is able to return to work on ______________

To (check one) ____ Regular duty, no restrictions ____ Modified duty, limitations as follow:

Indicate modified duty restrictions:

- No operating heavy machinery or vehicles
- No repetitive climbing ladders or stairs
- May lift up to ________________ pounds only
- No reaching above shoulders
- No repetitive twisting, bending, squatting
- No repetitive stooping, kneeling
- Alternate standing/sitting
- No work involving use of right/left ____
- Sit down work only
- Keep wound clean and dry
- Other ______________________________

____

The patient will require no further medical items or medical services associated with this claim.

This certification is based on the medical examination performed on ______________

Physician's signature ____________________________________ Date ______________

Physician's name

~~Treatment facility~~

~~Physician's Assistant~~

~~Signature Supervising~~

~~Physician's Name~~

~~Physician's Address~~