

# Sequoia Union High School District



## Interactive Meeting Summary

Non- Industrial Injury or Illness

Workers' Compensation

**Instructions:** An interactive meeting should be held between the employee and administrative supervisor when a change in work status is indicated by the treating physician. Bring this form and a copy of the employee's job description to the meeting.

**Date & Time of Interactive Meeting:** \_\_\_\_\_

**Type of Contact:**  In Person  Zoom/Video Conference  Phone (If physically unable to meet in person)

\_\_\_\_\_  
Employee's Full Name

\_\_\_\_\_  
Date of Injury (If applicable)

\_\_\_\_\_  
Employee's Job Title

\_\_\_\_\_  
Best Contact Information

\_\_\_\_\_  
Work Location

\_\_\_\_\_  
Name of Supervisor

<b>Pt. 1 - WORK RESTRICTIONS</b> <span style="margin-left: 20px;"><input type="checkbox"/> No (Skip Pt. 1)</span> <span style="margin-left: 20px;"><input type="checkbox"/> Yes (Complete Pt. 1)</span>	
List detailed work restrictions as indicated by physician:	
Effective Dates: Work modifications effective from _____ to _____	Does employee agree?: <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, indicate why below:	Next Appointment Date:

<b>Pt. 2 - ACCOMMODATIONS REQUIRED</b> <span style="margin-left: 20px;"><input type="checkbox"/> No (Skip Pt. 2)</span> <span style="margin-left: 20px;"><input type="checkbox"/> Yes (Complete Pt. 2)</span>	
Accommodations Suggested:	
Is the employer able to accommodate? (Review Job Description): <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?:
Do all parties agree with accommodations?: <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, who disagrees? What is the suggested alternative?:

Employee's Name \_\_\_\_\_

Date of Interactive Meeting \_\_\_\_\_

**Pt. 3 - MAIN POINTS DISCUSSED (continue on next page if needed)**

List of main points addressed at meeting:

**Pt. 4 - SPECIFIC OUTCOME/CONCLUSION (continue on next page if needed)**

Summarize the specific outcome and plan of action:

**Overall Status After Meeting:**

- Return to work **without** restrictions as of the following date: \_\_\_\_\_
- Return to work **with** the following restrictions: \_\_\_\_\_  
as of the following date: \_\_\_\_\_
- Permanent and stationary **without** limitations as of the following date: \_\_\_\_\_
- Permanent and stationary **with** the following limitations: \_\_\_\_\_  
as of the following date: \_\_\_\_\_
- Off work completely, **TTD**, as of the following date: \_\_\_\_\_
- Off work completely, **unable to accommodate**, as of the following date: \_\_\_\_\_

**Members in Attendance:**

Print First and Last Name	Title	Signature

**Date & Time of Follow Up Meeting:** \_\_\_\_\_

Please retain a copy for your records and forward a copy to both the employee and the District Office.

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Employee's Name

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Date of Interactive Meeting

**Pt. 3 - MAIN POINTS DISCUSSED (continued)**

**Pt. 4 - SPECIFIC OUTCOME/CONCLUSION (continued)**