

**ILLINOIS WORKERS' COMPENSATION COMMISSION  
REHABILITATION PLAN**

ATTENTION. The employer, in consultation with the injured worker, shall prepare a rehabilitation plan when the employee has been unable to work for more than 120 continuous days or when it can be reasonably determined that the injured worker will be unable to resume his or her regular, pre-injury duties. The plan shall be updated at least every four months while the employee remains incapacitated or until the case is closed by the Commission. A copy of each document shall be given to the injured worker. See Section 7110.10 of the Commission Rules.

Case # \_\_\_\_\_ WC \_\_\_\_\_

\_\_\_\_\_  
Employee/Petitioner

v.

\_\_\_\_\_  
Employer/Respondent

Attach the most recent medical report and provide an assessment of the medical care necessary for the petitioner to return to work.

\_\_\_\_\_  
\_\_\_\_\_  
Is rehabilitation necessary for the employee to return to work? Yes \_\_\_\_ No \_\_\_\_ Explain below.

\_\_\_\_\_  
\_\_\_\_\_  
If rehabilitation is necessary, address the need for each of the following:

Medical evaluation \_\_\_\_\_  
\_\_\_\_\_

Vocational evaluation \_\_\_\_\_  
\_\_\_\_\_

Modified or limited duty \_\_\_\_\_  
\_\_\_\_\_

Retraining \_\_\_\_\_  
\_\_\_\_\_

Other \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of petitioner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of person completing this form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of petitioner (please print)

\_\_\_\_\_  
Name of person completing this form (please print)