WORK STATUS FORM – DRAFT TEMPLATES

	EMPLOYEE NAME	DATE OF	BIRTH (mm/dd/yy)	PROVIDER CLINIC LOCATION					
(1)									
\									
/PRO									
	CLAIM NUMBER	DATE OF	INJURY (mm/dd/yy)		PROVIDER CLINIC PHONE				
INII									
INI EMPL									
	CURRENT WORK CAPACITY	1	EVECTED DUDATIO	N OF CURRENT W	DIV CADACITY Ann	olioo to all cattir	x60 /0 6		
	CORRENT WORK CAPACITY		EXPECTED DURATION OF CURRENT WORK CAPACITY Applies to all settings (e.g., home and work)						
	RELEASED TO FULL DUTY		From		То				
WORK	DELEACED TO MODIFIED DUTY		From		То				
CA	*Complete Section 3*								
	NOT RELEASED TO WORK		From		То				
	INDIVIDUAL IS CAPABLE OF THE FOLLOWING ACTIVITIES: No response = no restrictions								
	INJURED BODY PART TO WHICH RI			nse = no restriction	15				
	WORKER IS CAPABLE OF THE FOLI		Continuous	Frequent	Occasional Seldom Never				
	Blank space = no restrictions		≥ 67%	34-66%	11-33%	1-10%	110101		
			(Not restricted)	(3-6 hours)	(1-3 hours)	(0-1 hour)			
	011								
	Sit Stand								
	Walk								
	Drive								
	Work from ladder								
	Climb ladder or stairs								
	Twist								
	Bend/Stoop								
	Squat/Kneel Crawl								
MODI	PLEASE INDICATE WHETHER THE F	FOLLOWING	RESTRICTIONS REFE	R TO LEFT. RIGHT.	OR B OTH]			
MODI	Lifting L R B		Ibs	lbs	lbs	lbs	lbs		
	Carrying L R B		lbs	Ibs	lbs	Ibs	lbs		
	Pushing/pulling L R B		lbs	lbs	lbs	lbs	lbs		
	Pinching/Gripping L R B								
	Reach L R B Reaching overhead L R B								
	Redefining evernicad E R B								
Notes o	n information above:						•		
T I	7-P	-							
	rictions noted above are: Tempore ou like to review a copy of the injure			S = NO					
•••oulu y	od like to review a copy of the injure	u worker s	Job description. 1 120	D L NO					
WODK C	TATUC								
WORK S									
Anucipai	ed release to, or trial of, full dut	y work:							
MAYIMI	M MEDICAL IMPROVEMENT STA	THE							
	vorker has reached MMI:	1103)ate:					
Injured v	vorker is not at MMI, but is antic	ipated to	be at MMI in/on:	,atc	(d	—— late or duratio	n)		
,		patoa to			(a.c. c. aa.a.c	,		
FOLLOW	UP								
Injured worker will return to clinic: (date or weeks out)									
-			,		-				
PROVIDE	ER SIGNATURE:								
PRINT NAME:			DATE:						

WORK STATUS FORM – DRAFT TEMPLATES

	EMPLOYEE NAME:	DATE OF BIRTH (mm/dd/yy)		PROVID	PROVIDER CLINIC LOCATION			
(4)								
(1)								
	CLAIM NUMBER:	DATE OF INJUR	Y (mm/dd/yy)	PROVID	ER PHONE			
EMPL			() / 33/					
IN								
		-		<u> </u>				
	CURRENT WORK CAR	PACITY			T WORK CAPACITY	Applies to all settings		
	RELEASED TO FULL DUTY		(e.g., home and work) From To					
	DELEACED TO MODIFIED DUTY		From		To			
WOR	*Complete Section 3*		FIOIII		10			
CA	NOT RELEASED TO WORK		From		То			
	INDIVIDUAL IS CAPABLE OF THE			no restrictions				
	INJURED BODY PART TO WHICH							
	ACTIVITY BY HOURS PER DAY Inc	licate Left, Right, o	r Both, when applica	ble				
	SIT (INCLUDES DRIVING) STAND					rs per day rs per day		
	WALK					rs per day		
	CRAWL					rs per day		
	KNEEL					rs per day		
	SQUAT				hours per day			
	CLIMB				hou	rs per day		
	PINCH/GRIP L R	В						
	Notes on information above:							
	CAN THE INJURED WORKER SAF	FIV: Indicate Left	Right or Roth when	annlicable				
	CAN THE INSURED WORKER SAI	LLI. maicate Leit, i	right, or both, when	аррисаыс	MARK RE	SPONSE		
	TWIST AT TRUNK				□ YES	□ NO		
	BEND/STOOP AT WAIST				□ YES	□ NO		
	OPERATE HEAVY EQUIPMENT/DE	RIVE			□ YES	□ NO		
MOD	REACH L R	В			□ YES	□ NO		
	REACH OVERHEAD L R	В			□ YES	□ NO		
	Notes on information above:							
	INDICATE SAFE WEIGHT CAPACIT	Y BELOW Indicate	Left, Right, or Both, v	when applicable				
	LIFTING				pounds			
	CARRYING L R B PUSHING/PULLING L R B					pounds		
					pounds			
	Notes on information above:			<u> </u>				
The	twistians wated shave sus — Toward	waw Dawnananant						
	trictions noted above are Tempo							
Would y	ou like to review a copy of the inju	ired worker's job de	escription: YES N	0				
NORK S	TATUE							
	ted release to or trial of full du	tu work:						
Milucipa	ted release to or trial or full du	ty work						
AAVIKAI	IM MEDICAL IMPROVEMENT ST	TATLIC						
	IM MEDICAL IMPROVEMENT ST		Doto					
njureu v	worker has reached MMI: worker is not at MMI, but is ant	riginated to be at	Date.					
ijureu \	worker is not at MiMi, but is ant	icipateu to be at	IVIIVII III/ OII:		(dai	e or uurauori)		
OLLOW	/ LID							
			/da+	or wools aut				
ıjurea \	worker will return to clinic:		(aate d	or weeks out)				
יםויים	ED SIGNATURE:			DATE				
יאטעוטו א דואוס	ER SIGNATURE:			DATE:				
, – 11/11 1/1	A N // E *			11/11/				

WORK STATUS FORM – DRAFT TEMPLATES

	EMPLOYEE NAME:	DATE OF BIRTH	(mm/dd/yy)	PROVIDE	PROVIDER NAME		
/PRO	CLAIM NUMBER:	DATE OF INJURY	Y (mm/dd/yy)	PROVIDE	ER PHONE		
INI EMPL							
(2)	CURRENT WORK CAPACITY		EXPECTED DURATION OF CURRENT WORK CAPACITY Capacities apply to all settings (e.g., home and work)				
	RELEASED TO FULL DUTY		From		То		
WORI CA	RELEASED TO MODIFIED DUTY* *Complete Section 3*		From		То		
	NOT RELEASED TO WORK		From	То			
	INDIVIDUAL IS CAPABLE OF THE FO			no restrictions			
	Provide a level of detail* that will a			odate the injured	worker in the workplace Consider		
	Provide a level of detail* that will allow the employer to safely accommodate the injured worker in the workplace. Consider restrictions in terms of - specific activities (e.g., sit, stand, walk, crawl, kneel, squat, climb, pinch/grip, reach, drive, operate heavy equipment), and - frequency (times/hour), and - duration (hours/day), sidedness (e.g., left, or right), and - force (lifting, carrying, pushing, pulling).						
(3)	Restrictions should be based on injured worker's capacity to reduce risk of re-injury.						
MODI	*Examples of temporary restriction Low back sprain: Alternate sit/stal Right shoulder rotator cuff tear: M Cervical sprain with muscle relaxe	nd/walk activities aximum bilateral	, no stooping, maxir lift below waist of 2	O pounds, above	waist of 10 pounds.		
The rest	trictions noted above are Tempora			<u> </u>			
Would you like to review a copy of the injured worker's job description: □ YES □ NO							
MAXIMU Injured v Injured v	ted release to or trial of full duty M MEDICAL IMPROVEMENT STA vorker has reached MMI: vorker is not at MMI, but is antic	TUS ipated to be at	Date MMI in/on:	:	(date or duration)		
DDO: "E"	TO CIONATUDE.			DATE			
PROVIDE	ER SIGNATURE:			DATE:			