

DEPARTMENT OF LABOR AND INDSTRY (DLI) MEDICAL STATUS FORM¹ (VERSION 3, EFFECTIVE 01/10/26)
COMPLETE ONE VERSION OF THE MEDICAL STATUS FORM PER VISIT, AS PER [MCA 39-71-1036](#)

EMPLOYEE/PROVIDER INFORMATION (1)	EMPLOYEE NAME	DATE OF BIRTH (mm/dd/yy)	PROVIDER NAME, CLINIC LOCATION, PHONE				
	CLAIM NUMBER AND DATE OF INJURY (MM/DD/YY)	INJURED BODY PART FOR RESTRICTIONS	CURRENT EMPLOYER				
WORK CAPACITY (2)	CURRENT WORK CAPACITY		EXPECTED DURATION OF CURRENT WORK CAPACITY <i>Capacities apply to all settings (e.g., home and work)</i>				
	RELEASED TO FULL DUTY	From	To				
	RELEASED TO MODIFIED DUTY <i>*Complete Section 3*</i>	From	To				
	EMPLOYEE MAY WORK LIMITED HOURS HOURS PER DAY	From	To				
	NOT RELEASED TO WORK	From	To				
MODIFIED WORK ABILITIES (3) <i>No response = no restrictions</i>	<p>PROVIDER REQUESTS A COPY OF THE INJURED WORKER'S JOB DESCRIPTION: YES NO</p> <p>PROVIDE A LEVEL OF DETAIL THAT WILL ALLOW THE EMPLOYER TO SAFELY ACCOMMODATE THE INJURED WORKER IN THE WORKPLACE. Restrictions should be based on the injured worker's capacity and focused on reducing the medical risk of reinjury.</p> <p>INDIVIDUAL IS CAPABLE OF THE FOLLOWING ACTIVITIES No response = no restrictions</p> <p>CONSIDER RESTRICTIONS IN TERMS OF ALL OF THE FOLLOWING ELEMENTS Specific Activities, Including Frequency and Duration of Activities Consider sit, stand, walk, crawl, kneel, squat, climb, pinch/grip, reach, drive, operate heavy equipment, etc. Please consider each activity in terms of times/hour or hours/day</p>						
	<p>Force (Comment on lifting, carrying, pushing, pulling, including weights and frequencies of activity or complete the table below)</p>						
			Continuous ≥ 67% (Not restricted)	Frequent 34-66% (3-6 hours)	Occasional 11-33% (1-3 hours)	Seldom 1-10% (0-1 hour)	Never
	Lifting	L R B	lbs	lbs	lbs	lbs	lbs
	Carrying	L R B	lbs	lbs	lbs	lbs	lbs
	Pushing/pulling	L R B	lbs	lbs	lbs	lbs	lbs
	<p>Examples of temporary restrictions, pending follow-up evaluation: Low back sprain: Alternate sit/stand/walk activities, no stooping, maximum lift/carry of 20 pounds. Right shoulder rotator cuff sprain/strain: Maximum bilateral lift below waist of 20 pounds, above waist of 10 pounds.</p>						

STATUS UPDATES (4)

WORK STATUS

Anticipated time to a trial of full duty work:

Not applicable, already released to full duty

MAXIMUM MEDICAL IMPROVEMENT (MMI) AND IMPAIRMENT RATING STATUS

Injured worker is not at MMI, but is anticipated to be at MMI in/on: _____ (date or duration)

Request impairment rating (IR)

FOLLOW UP

Injured worker will return to clinic: _____ (date or weeks out)

Injured worker will return to clinic, as needed

TREATING PHYSICIAN OR DESIGNEE²

SIGNATURE:

DATE:

PRINT:

DATE:

¹This form meets the minimum statutory requirements, as per MCA 39-71-1036.

2-Treating physician, as defined in MCA 39-71-116, and completion of the medical status form, per MCA 39-71-1036.