

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 *Complete Section 3*	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>	PROVIDER REQUESTS A COPY OF THE INJURED WORKER'S JOB DESCRIPTION: YES NO					
	PROVIDE A LEVEL OF DETAIL THAT WILL ALLOW THE EMPLOYER TO SAFELY ACCOMMODATE THE INJURED WORKER IN THE WORKPLACE. <i>Restrictions should be based on the injured worker's capacity and focused on reducing the medical risk of reinjury.</i>					
	INDIVIDUAL IS CAPABLE OF THE FOLLOWING ACTIVITIES <i>No response = no restrictions</i>					
	CONSIDER RESTRICTIONS IN TERMS OF ALL OF THE FOLLOWING ELEMENTS Specific Activities, Including Frequency and Duration of Activities <i>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</i>					
	Force (Comment on lifting, carrying, pushing, pulling, including weights and frequencies of activity or complete the table below)					
		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
	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.					

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 has reached MMI Date:

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

Request independent medical evaluation (IME) 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.

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