



PHYSICIAN'S REPORT for EMPLOYEE'S WORK STATUS

If applicable, the information you provide may be used to identify suitable tasks or assignments for this employee that are within her/his physical limitations based on the employee's job classification (see attached copy of job description).

Employee's Name: _____ WC Claim # _____
 Date of Injury or Illness: _____ Date of Next Appointment: _____

Is the condition an on-the-job injury/illness? Yes No

Is the employee medically stationery? Yes Date: _____ No Anticipated Date: _____

Employee is:

- () released to return to regular duty without limitations Date of return: _____ [Only complete Section H below.]
- () totally disabled and unable to perform any work Estimated date of return: _____
- () released to return to transitional duty based on work restrictions listed below Date of return: _____
 - Complete Sections A through H below.
 - Total number of hours employee may work per day exclusive of overtime: _____
 - Can employee work overtime (OT)? Yes No If yes, total number of OT hours per day? Yes No
 - Estimated duration of restricted work: _____

Work Restrictions (use the employee's attached job description). No comment will mean that you deem that there are no work restrictions.

A. The commute necessary for the employee to travel to job site is within her/his physical capacity: Yes No

B. C – Continuous 100% to 67% F – Frequent 66% to 34% O – Occasional 33% to 6% I – Intermittently 1% to 5% NAA – Not at All

ACTIVITY	C F O I NAA					ACTIVITY	C F O I NAA					LIFTING, CARRYING, PUSHING/PULLING	C F O I NAA				
	C	F	O	I	NAA		C	F	O	I	NAA		C	F	O	I	NAA
BEND/STOOP						PUSH/PULL						0-10 lbs.					
SQUAT						GRASP						11-20 lbs.					
CLIMB						BALANCE						21-40 lbs.					
TWIST						REACH						41-60 lbs.					
CRAWL/CROUCH						KNEEL						Over 60 lbs.					
KEYBOARD/ HAND ACTIVITY																	

C. Indicate the maximum hours per day each activity can be performed while on restricted duty:

Driving _____ hours Standing _____ hours Walking _____ hours Sitting _____ hours
 [driving may include large trucks and heavy equipment, e.g., backhoes]

D. Employee can use feet for repetitive raising and pushing (as in operating foot controls): Yes No Time Frame: _____

E. Employee's dominant hand is: Right Left

EMPLOYEE CAN USE HANDS FOR REPETITIVE:

	Right Hand			Left Hand		
a. Fine manipulation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Time Frame: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Time Frame: _____
b. Pushing and pulling	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Time Frame: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Time Frame: _____
c. Simple grasping	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Time Frame: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Time Frame: _____
d. Keyboarding	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Time Frame: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Time Frame: _____

F. Other Work Restrictions: _____

G. Please list any restrictions you believe will be permanent and affect the ability of this employee to perform work:

H. Medication(s): Is this employee currently prescribed medication(s) for use during working hours that may affect alertness, ability to respond to an emergency, and/or ability to do her/his job (see attached job description): Yes No If yes, please list the possible drug reaction(s):



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I have referred or prescribed this employee to: *[check and complete all that are applicable]*

- Occupational Medical Provider:
Provider's Name: _____ (please print)
- Occupational Therapy
- Physical Therapy:
Provider's Name: _____ (please print)
- Specialist:
Specialist's Name: _____ (please print)
Area of Specialization: _____ (please print)
- Not Applicable

Printed Name of Attending Physician: _____ Telephone #: _____

Address: _____

Attending Physician's Signature: _____ Date: _____

RETURN COMPLETED FORM TO: Laura Hyde
City of Albany
Human Resources Department
P.O. Box 490
Albany, OR 97321
Phone: 541-917-7508
Fax: 541-704-2324