

# UNIVERSITY OF MINNESOTA DULUTH

## Work Status Report

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date of Birth

### ATTENDING PHYSICIAN'S RETURN TO WORK RECOMMENDATIONS RECORD

History #	Date of Injury/Illness
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#### TO BE COMPLETED BY ATTENDING PHYSICIAN

DIAGNOSIS/CONDITION (Brief Explanation)

1.  Recommend return to work with no restrictions on \_\_\_\_\_  
 2.  Recommend off work until \_\_\_\_\_ Reason: \_\_\_\_\_  
 3.  Recommend return to work on \_\_\_\_\_ with the following restrictions as outlined below.  
 I saw and treated this patient on \_\_\_\_\_ and based on the above description of the patient's current medical problem, the employee can do the following: \_\_\_\_\_

#### CHECK ONLY AS RELATED TO ABOVE CONDITIONS

**Sedentary Work.** Lifting 10 lbs. maximum and occasionally lifting and/or carrying such articles as dockets, ledgers, and small tools. Although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties.

**Light Work.** Lifting 20 lbs. maximum with frequent lifting and/or carrying objects weighing up to 10 lbs. Even though the weight lifted may be only a negligible amount, a job is in this category may require walking or standing to a significant degree or may involve sitting most of the time with a degree of pushing and pulling of arm and/or leg controls.

**Light Medium Work.** Lifting 30 lbs. Maximum with frequent lifting and/or carrying of objects weighing up to 20 lbs.

**Medium Work.** Lifting 50 lbs. Maximum with frequent lifting and/or carrying of objects weighing up to 25 lbs.

**Heavy Work.** Lifting 75 lbs. maximum with frequent lifting and/or carrying of objects weighing up to 40 lbs.

1. In an 8 hour work day, patient may:
  - a. Stand/Walk
 

<input type="checkbox"/> None	<input type="checkbox"/> 4-6 Hours	<input type="checkbox"/> ____ Hours
<input type="checkbox"/> 1-4 Hours	<input type="checkbox"/> 6-8 Hours	
  - b. Sit
 

<input type="checkbox"/> 1-3 Hours	<input type="checkbox"/> 3-5 Hours	<input type="checkbox"/> 5-8 Hours
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  - c. Drive
 

<input type="checkbox"/> 1-3 Hours	<input type="checkbox"/> 3-5 Hours	<input type="checkbox"/> 5-8 Hours
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2. Patient may use hand(s) for repetitive:
 

<input type="checkbox"/> Single Grasping	<input type="checkbox"/> Right Hand
<input type="checkbox"/> Pushing & Pulling	<input type="checkbox"/> Left Hand
<input type="checkbox"/> Fine Manipulation	
3. Patient may use foot/feet for repetitive movement as in operating foot/feet controls:  Yes  No
4. Patient may:
 

	Not At All	Occasionally	Frequently
a) Bend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Twist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Squat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Climb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.  No lifting above shoulder level.

4. These restrictions are in effect until: \_\_\_\_\_

5. Patient to be re-evaluated: _____ Days _____ Weeks _____ Date _____ Time	6. Patient referred to: _____ _____ Doctor
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7. OTHER INSTRUCTIONS AND/OR LIMITATIONS INCLUDING PRESCRIBED MEDICATIONS THAT MAY INTERFERE WITH WORK ACTIVITY.

Physician's Signature: _____ Print Physician's Name Here: _____ Phone: _____	Date: _____
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Not Filed as Workers' Compensation Claim

**PLEASE FAX THIS FORM TO CATHY RACKLIFFE (UMD W.C. COORDINATOR) AT 218-726-8827.  
UMD HR, 255 DAdB, 1049 University Drive, Duluth, MN 55812-3011 (Tel. 218-726-6827)**