



## Work Status Form

Employee Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

Employee is released to return to Regular Work on: (date) \_\_\_\_\_

Employee is released to Transitional (Modified) Work on: (date) \_\_\_\_\_

Employee is unable to work from the following dates: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

| Task                   | No restrictions          | Weight Limit | Total hours during day   |                          |                          |                          |                          |
|------------------------|--------------------------|--------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                        |                          |              | Not at all               | Infrequent               | Occasional               | Frequent                 | Continuous               |
|                        |                          |              | 0 %                      | 1-5%<br>6-25 min         | 6-33% 26<br>min -2.5 hr  | 34-66%<br>2.6 -5.25 hrs. | 5.26 to 8 hrs.           |
|                        | <input type="checkbox"/> |              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sitting                | <input type="checkbox"/> |              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Crouch / Kneel / Crawl | <input type="checkbox"/> |              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Squat                  | <input type="checkbox"/> |              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Twisting               | <input type="checkbox"/> |              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reaching out           | <input type="checkbox"/> |              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Overhead work          | <input type="checkbox"/> |              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Climbing               | <input type="checkbox"/> |              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Walking                | <input type="checkbox"/> |              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Climbing Ladders       | <input type="checkbox"/> |              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Stairs                 | <input type="checkbox"/> |              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Drive                  | <input type="checkbox"/> |              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Right hand use         | <input type="checkbox"/> |              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Left hand use          | <input type="checkbox"/> |              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Repetitive Activities  | <input type="checkbox"/> |              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lift floor to waist    | <input type="checkbox"/> |              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lift waist to crown    | <input type="checkbox"/> |              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Carry One Handed       | <input type="checkbox"/> |              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Carry Two Handed       | <input type="checkbox"/> |              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pushing / Pulling      | <input type="checkbox"/> |              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

No altercations / physical restraining

As limited by bandage or splint

Allow to change position as needed.

Is employee restricted by environmental factors, such as heat/cold, dust, dampness, heights, chemicals, fumes, gases, odors, noise, vibration, etc.?  YES  NO

This AFC location is owned and operated by: Updated 06/2022 Other instructions/restrictions/comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**X**

\_\_\_\_\_  
Physician signature

\_\_\_\_\_  
Date

|   |  |                        |
|---|--|------------------------|
|   |  | Patient Identification |
| OCCUPATIONAL HEALTH<br>Discharge Instructions |  |                        |

