



7301 Ohms Lane / Suite 405 / Edina, MN 55439
Phone: (952) 835-1288 / Fax: (952) 835-4881

WORK STATUS REPORT/MEDICAL SERVICE FORM

EMPLOYEE INFORMATION:

Name: _____ Date of Birth: _____
Social Security Number: _____ Phone#: (____) _____ - _____
Date Of Injury: _____ Time of Injury: _____ a.m. p.m.
Job Description: _____

Employee to Receive medical Attention at:

EMPLOYER INFORMATION:

Company: Employer Solutions Staffing Group
Phone #: 952-835-1288 / Contact Heather Steffes Date Notified: _____
Authorized Employer Signature: _____

EMPLOYER HAS LIGHT DUTY WORK AVAILABLE

TO BE COMPLETED BY PROVIDER:

Diagnosis: _____
Date of Examination: ____/____/____ Time: _____ a.m. p.m.
Treatment Plan: _____ Must Return for re-evaluation on: ____/____/____
_____ To received PT/OT Services Duration: ____ x week ____ x weeks
_____ Surgery Scheduled: ____/____/____
_____ Time: _____ a.m. p.m. Inpatient Outpatient
_____ No further care required Discharge Date: ____/____/____
Expected Healing Time: _____ Days _____ Weeks _____ Months _____
_____ Other _____
Current Status: _____ May work full duty now (no restrictions) ____/____/____ (Date)
_____ May work light duty now with identified restrictions
_____ through ____/____/____
_____ Presently working as of: ____/____/____
_____ Many not work until: ____/____/____ Full Duty Light Duty
Lifting: _____ Maximum Wight in Lbs.
Pushing: _____ 0 10 20 30 40 50 60
Pulling: _____
Bending: _____ Maximum Times/Hour: 0-2 2-6 6-10 10-20
Degree of bend: 10-20 20-45 Full
_____ No Sitting _____ No Standing _____ No Walking
Sitting Job Only _____ No Climbing or Overhead Work
May not use: Right Hand Left Hand
Keep dressing/wound clean & dry
Medication may cause drowsiness.
Use caution operating machinery or equipment.

Comments: _____

NOTE:

If inpatient admission is scheduled, notify Employer Solutions Staffing Group immediately.

PHYSICIAN INFORMATION:

Physician Name: _____ Phone: (____) _____ - _____
Physician Signature: _____ Date: ____/____/____

Employee: To expedite prompt claim handling, this complete form is to be returned to your employer either on the same day of the appointment or, should lost time be incurred, it is to be forwarded to your employer the day following the appointment.