



North Memorial

3300 Oakdale Ave North  
Robbinsdale, MN 55422-2900

REPORT OF WORKABILITY

Occupational Medicine

- Camden 763-581-5750
- Elk River 763-581-5200
- Golden Valley 763-581-5150
- Ridgedale 763-581-5250
- Roseville 763-581-9250

Employee JACKSON, RICHARD

DOB 5 / 18 / 95 DOI 6 / 7 / 15  
MO DAY YR MO DAY YR

MRN \_\_\_\_\_  
Date 6/10/15  
Time In 7:10  
Time Out 8:30pm  
Employer \_\_\_\_\_  
Supermom's  
Supervisor \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_

Diagnosis: Contusion (R) distal anterior tibia

Work related  Not work related  Undetermined

Permanent Disability:  Yes  No  Unknown

Maximum Medical Improvement  Yes  No If yes, give date: \_\_\_\_\_

FITNESS FOR DUTY

Return to work with no limitations on 6 / 10 / 15  Next scheduled shift  
MO DAY YR

Return to work with limitations on \_\_\_/\_\_\_/\_\_\_ through \_\_\_/\_\_\_/\_\_\_  
MO DAY YR MO DAY YR

Unable to return to work from \_\_\_/\_\_\_/\_\_\_ through \_\_\_/\_\_\_/\_\_\_  
MO DAY YR MO DAY YR

EMPLOYEE'S CAPABILITIES

Lift/Carry Rarely Occasionally Frequently Constantly

- Up to 10 lbs.
- 11-20 lbs.
- 21-40 lbs.
- 41-60 lbs.
- No lifting requiring bending
- No lifting over mid chest level
- Push/Pull
- Up to 25 lbs.
- 26-50 lbs.
- 51-75 lbs.
- 76-100 lbs.

- Rarely Occasionally Frequently Constantly
- Bend/twist/stoop
- Kneel/squat/crawl
- Sit
- Stand/walk
- Overhead reaching/  
outstretch arms
- Ladder climb
- Stair climb
- Use of keyboard
- Use of vibrating tool

Upper Extremity

- Right  Left  Both
- Elbow  Wrist  Hand
- No use of
- No power grip/power pinch
- Wear splint/brace
- Avoid bend/twist
- No operating forklift
- No operating machine

May work usual hours  
 or up to \_\_\_ hours per day, \_\_\_ hours per week  
 seated duty only

Can drive to work  Yes  No  
Driving commercial vehicle  Yes  No  
Changing positions  1/2 hr  1 hr  2 hr

Other Restrictions \_\_\_\_\_

Return to Clinic on \_\_\_\_\_ Date 6/17/15 Time 8A-8P

- Keep wound clean and dry. Change dressing every every 8 hours
- Medication Ibuprofen 600mg (3x200) (as directed)  May cause drowsiness
- Ice  Heat  Elevate  Splint/brace  Crutches  Neck/lumbar support  Stretching exercises
- Physical therapy \_\_\_\_\_ Frequency \_\_\_\_\_

Specialist referral \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Provider name (printed) J Flynn ID # \_\_\_\_\_

Provider Signature \_\_\_\_\_ Date/Time 6/10/15



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WHITE - Chart copy  
YELLOW - Employee copy  
PINK - Employer copy

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