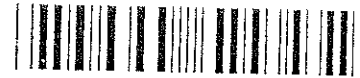


# Report of Work Ability

See Instructions on Reverse Side



Please PRINT or TYPE your responses.  
Enter dates in MM/DD/YYYY format.

RW01

This form must be provided to the employee.  
(Minn. Rules 5221.0410, subp. 6)

DO NOT USE THIS SPACE

NOTICE TO EMPLOYEE: YOU MUST PROMPTLY PROVIDE A COPY OF THIS REPORT TO YOUR EMPLOYER OR WORKERS' COMPENSATION INSURER, AND QUALIFIED REHABILITATION CONSULTANT IF YOU HAVE ONE.

SOCIAL SECURITY NUMBER 476900266	DATE OF INJURY 6-10-08
EMPLOYEE Debbie Schons	Date of Birth 7-29-60
EMPLOYER Employer Solutions Group Sector	
INSURER/SELF-INSURER/TPA	
INSURER CLAIM NUMBER	

Date of most recent examination by this office 7-1-08 (date)

Select the appropriate option(s) below and fill in the applicable dates.

1.  Employee is able to work without restrictions as of   (date)
2.  Employee is able to work with restrictions, from 7/1/08 (date) to 7/10/08 (date)

The restrictions are:

*no lifting > 10\* with @ arm  
and elbow, no overhead work  
avoid freq pulling*

3.  Employee is unable to work at all, from   (date) to   (date)

The next scheduled visit is:  as needed OR 7/10/08 (date)

NAME (Type or Print) BRUCE W KOCOUREK, DO	SIGNATURE <i>B. Kocourek</i>	DEGREE
ADDRESS PIPESTONE COUNTY MEDICAL CENTER 920 4TH AVE SW PIPESTONE MN 56164 507-825-5700 FAX 507-825-4744	STATE	LICENSE #/REGISTRATION #
CITY DEA BK0472477 MN LIC 34116 UPIN D25406 NPI 1699738559	AREA CODE	TELEPHONE #
		DATE SIGNED 7/1/08

Pipestone County Medical Center

Debbie

has an appointment

Date 7-10-08 At 3:30 PM

- Mon.  Tues.  Wed.  Thurs.  Fri.  
 Dr. David Balt  Dr. Mike Lastine  
 Dr. Larry Christensen  Dr. Matthew Viel  
 Dr. Greg Cooper  Cindy Sash PA-C  
 Dr. Theodore Devaraj  Heidi Thoreson PA-C  
 Dr. Bruce Kocourek  Melissa Scouting CNP

IF UNABLE TO KEEP APPOINTMENT, PLEASE GIVE 24 HOUR NOTICE  
 please return this form to your appointment for check-in

Physical Therapy Appointment For:

Debbie

	Date	Time
Mon.		
Tues.		
Wed.	7/2	3:30
Thurs.		
Fri.		

We have reserved this time for you.  
 Please notify us  
 if you cannot keep this appointment.