

Report of Work Ability

See Instructions on Reverse Side



R W 0 1

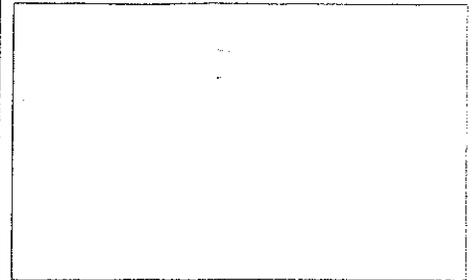
DO NOT USE THIS SPACE

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

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

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 476 900266	DATE OF INJURY 6-10-08
EMPLOYEE Debbie Schons	Date of Birth 7-29-60
EMPLOYER CMG	
INSURER/SELF-INSURER/TPA	
INSURER CLAIM NUMBER	



Date of most recent examination by this office

7-10-08	(date)
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Select the appropriate option(s) below and fill in the applicable dates.

1. Employee is able to work without restrictions as of

	(date)
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2. Employee is able to work with restrictions, from

7/10/08	(date)
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 to

7/17/08	(date)
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The restrictions are:

<p><i>no lifting > 10* @ arm</i> <i>no freq pulling @ arm</i> <i>may do overhead work.</i></p>

3. Employee is unable to work at all, from

	(date)
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 to

	(date)
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The next scheduled visit is: as needed OR

7/17/08	(date)
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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 DEA BK0472477 MN LIC 34116	STATE	LICENSE #/REGISTRATION #
CITY UPIN D25406 NPI 1699738559	AREA CODE	TELEPHONE #
		DATE SIGNED 7/10/08