

Report of Work Ability

See Instructions on Reverse Side



RW01

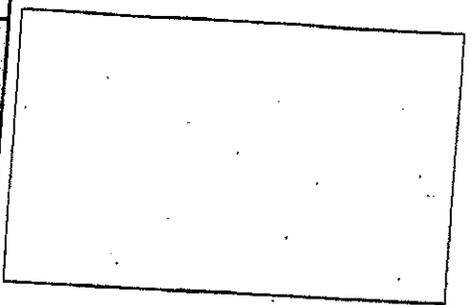
DO NOT USE THIS SPACE

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 504081516	DATE OF INJURY 1-22-08
EMPLOYEE <i>Jamie Bohman</i>	Date of Birth 12-19-84
EMPLOYER <i>Suzen Rotee</i>	
INSURER/SELF-INSURER/TPA	
INSURER CLAIM NUMBER	



Date of most recent examination by this office: **1-28-08** (date)

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

1. Employee is able to work without restrictions as of **1/28/08** (date)
2. Employee is able to work with restrictions, from _____ (date) to _____ (date)

The restrictions are:

3. Employee is unable to work at all, from _____ (date) to _____ (date)
- The next scheduled visit is: as needed OR _____ (date)

NAME (Type or Print)	SIGNATURE <i>[Signature]</i>	DEGREE
ADDRESS DAVID A BALT, DO PIPESTONE FAMILY CLINIC 920 4TH AVE SW PIPESTONE, MN 56164 507-825-5700 ext14770 FAX 507-825-4767	STATE	LICENSE #/REGISTRATION #
CITY DEA-BB2194075 MN LISC-37593 UPIN E51053 NPI - 1457315038	AREA CODE	TELEPHONE #
		DATE SIGNED

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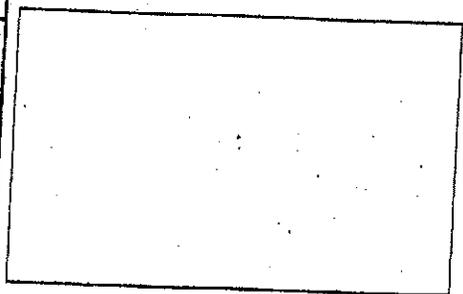
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SOCIAL SECURITY NUMBER 504081516	DATE OF INJURY 1-22-08
EMPLOYEE Gamie Bellman	Date of Birth 12-19-88
EMPLOYER Surfon Rotor	
INSURER/SELF-INSURER/TPA	
INSURER CLAIM NUMBER	



Date of most recent examination by this office **1/22/08** (date)

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

1. Employee is able to work without restrictions as of **1/23/08** (date)
2. Employee is able to work with restrictions, from (date) to (date)

The restrictions are:

3. Employee is unable to work at all, from **1/22/08** (date) to **1/23/08** (date)
- The next scheduled visit is: as needed OR (date)

NAME (Type or Print)	SIGNATURE	DEGREE	
ADDR: DAVID A BALT, DO PIPESTONE FAMILY CLINIC 920 4TH AVE SW PIPESTONE, MN 56164 507-825-5700 ext 4770 FAX 507-825-4767 DE A-882194075 MN LTSC-37593 UPTN E51053 CITY: NPI - 1457315038			
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