

# 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		DATE OF INJURY 4-16-08	
EMPLOYEE Omar Mohamed		Date of Birth 8-16-83	
EMPLOYER Suzlon Rotor			
INSURER/SELF-INSURER/TPA			
INSURER CLAIM NUMBER			

Date of most recent examination by this office 4-17-08 (date)

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

1.  Employee is able to work without restrictions as of 4/18/08 (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) BRUCE W KOCOUREK, DO	SIGNATURE <i>B. Ramundo</i>		DEGREE DO
	ADDRESS PIESTONE COUNTY MEDICAL CENTER 920 4TH AVE SW PIESTONE 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 4-17-08