

Report of Work Ability

See Instructions on Reverse Side



RW 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 <i>607326144</i>	DATE OF INJURY <i>6-13-08</i>
EMPLOYEE <i>Ramon Campos</i>	Date of Birth <i>5-17-67</i>
EMPLOYER <i>Suzlon CMB</i>	
INSURER/SELF-INSURER/TPA	
INSURER CLAIM NUMBER	

Date of most recent examination by this office *6-20-08* (date)

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

1. Employee is able to work without restrictions as of *6/20/08* (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	DEGREE
ADDRESS <i>BRUCE W KOCOUREK, DO PIPESTONE COUNTY MEDICAL CENTER 920 4TH AVE SW PIPESTONE MN 56164 307-825-5700 FAX 307-825-4744 DEA BK0472477 MN LIC 34116 UPIN D25406 NPI 1699738559</i>	<i>B. Kocourek</i>	
	STATE	LICENSE #/REGISTRATION #
CITY	AREA CODE	TELEPHONE #
		DATE SIGNED <i>6/20/08</i>