



employer solutions staffing group^{llc}

Leveraging Resources in a Changing Market

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Phone: (952) 767-0053 Fax: (952) 767-0740

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WORK STATUS REPORT/MEDICAL SERVICE FORM

EMPLOYEE INFORMATION:

Name: Shirley Baca Date of Birth: 07/11/1957
 Social Security Number: 522-88-9861 Phone#: (720) 429-4620
 Date Of Injury: August or September Time of Injury: a.m. p.m.
 Job Description: Assembly/Production

Drug/Alcohol Test: Yes or No (FOR ALL WORK RELATED INJURIES)

EMPLOYER INFORMATION:

Company: Employer Solutions Staffing Group, LLC
 Phone #: 952-767-0053 Fax #: 952-767-0740 Date Notified: _____
 Authorized Employer Signature: _____

EMPLOYER HAS LIGHT DUTY WORK AVAILABLE

TO BE COMPLETED BY PROVIDER:

Diagnosis: _____
 Date of Examination: ____/____/____ Time: _____ a.m. p.m.
 Treatment Plan: _____
 Must Return for re-evaluation on: ____/____/____
 To received PT/OT Services Duration: ____ x week ____ x weeks
 Surgery Scheduled: ____/____/____
 Time: _____ a.m. p.m. Inpatient Outpatient
 No further care required Discharge Date: ____/____/____
 Expected Healing Time: _____
 Days _____ Weeks _____ Months _____
 Other _____
 Current Status: _____
 May work full duty now (no restrictions) ____/____/____ (Date)
 May work light duty now with identified restrictions
 through ____/____/____
 Presently working as of: ____/____/____
 Many not work until: ____/____/____ Full Duty Light Duty
 Lifting: Maximum Wight in Lbs.
 Pushing: 0 10 20 30 40 50 60
 Pulling:
 Bending: Maximum Times/Hour: 0-2 2-6 6-10 10-20
 Degree of bend: 10-20 20-45 Full
 No Sitting _____ No Standing _____ No Walking _____
 Sitting Job Only _____ No Climbing or Overhead Work _____
 May not use: Right Hand Left Hand
 Keep dressing/wound clean & dry
 Medication may cause drowsiness.
 Use caution operating machinery or equipment.

Comments: _____

Next Follow Up Appointment:

PHYSICIAN INFORMATION:

Physician Name: _____ Phone: (____) ____-_____
 Physician Signature: _____ Date: ____/____/____

Employee: To expedite prompt claim handling, this complete form is to be returned to your employer either on the same day of the appointment or, should lost time be incurred, it is to be forwarded to your employer the day following the appointment.