

Report of Work Ability

See Instructions on Reverse Side



RW01

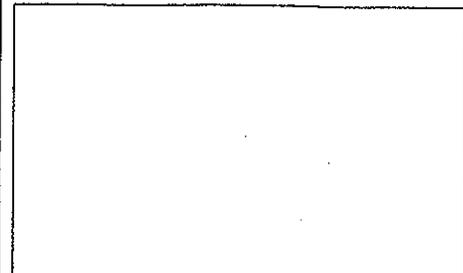
DO NOT USE THIS SPACE

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 396967642	DATE OF INJURY 11-28-07
EMPLOYEE Tia M. Preston	Date of Birth 11-4-80
EMPLOYER CMG	
INSURER/SELF-INSURER/TPA	
INSURER CLAIM NUMBER	



Date of most recent examination by this office (date)

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

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

The restrictions are:

Avoid contact with Fiberglass Resin

3. Employee is unable to work at all, from (date) to (date)

The next scheduled visit is: as needed OR (date) **3 weeks**

NAME (Type or Print) LARRY D CHRISTENSEN, MD PIPESTONE MEDICAL GROUP	SIGNATURE <i>Larry D Christensen</i>	DEGREE MD
ADDRESS 920 4TH AVE SW PIPESTONE, MN 56164 507-825-5700 FAX 507-825-4744 DEA-AC7916539 MN LISC-23799 UPIN D75623	STATE	LICENSE #/REGISTRATION #
CITY	AREA CODE	TELEPHONE #
		DATE SIGNED 12-19-07