

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 584 89 2778	DATE OF INJURY 12-28-07
EMPLOYEE Virginia Tomes	Date of Birth 9-22-82
EMPLOYER Suzlon Rotor	
INSURER/SELF-INSURER/TPA	
INSURER CLAIM NUMBER	

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Date of most recent examination by this office

5-9-08	(date)
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Select the appropriate option(s) below and fill in the applicable dates.

1. Employee is able to work without restrictions as of

5/2/08	(date)
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2. Employee is able to work with restrictions, from

	(date)
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 to

	(date)
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The restrictions are:

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3. Employee is unable to work at all, from

	(date)
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 to

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

	(date)
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NAME (Type or Print) Bruce Kocourek	SIGNATURE <i>B. Kocourek</i>	DEGREE D.O.
ADDRESS 920 4th Ave SW	STATE MN	LICENSE #/REGISTRATION #
CITY Pipestone	STATE ZIP CODE MN 56164	AREA CODE TELEPHONE # 507 825-5700
DATE SIGNED 5-9-08		