

Copy to CMA
4-21-08

Report of Work Ability

See Instructions on Reverse Side



Please PRINT or TYPE your responses.
Enter dates in MM/DD/YYYY format.

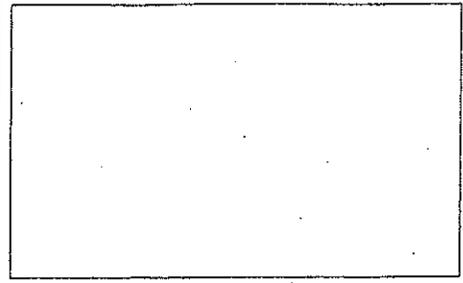
R W 0 1

This form must be provided to the employee.
(Minn. Rules 5221.0410, subp. 6)

DO NOT USE THIS SPACE

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>460856872</i>	DATE OF INJURY <i>4-14-08</i>
EMPLOYEE <i>William Clapp</i>	Date of Birth <i>4-4-79</i>
EMPLOYER	
INSURER/SELF-INSURER/TPA	
INSURER CLAIM NUMBER	



Date of most recent examination by this office *4-21-08* (date)

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

1. Employee is able to work without restrictions as of *4/21/08* (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. Kocourek</i>		DEGREE <i>DO</i>
ADDRESS PIPESTONE COUNTY MEDICAL CENTER 920 4TH AVE SW PIPESTONE 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 <i>4-21-08</i>