



# employer solutions staffing group

Leveraging Resources in a Changing Market

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## WORK STATUS REPORT/MEDICAL SERVICE FORM

**EMPLOYEE INFORMATION**

Name: Brandon Soyer Date of Birth: 12/09/1996  
 Social Security Number: 229-77-4293 Phone#: (510) 520-6114  
 Date Of Injury: 07/07/2016 Time of Injury: Unknown  a.m.  p.m.  
 Job Description: \_\_\_\_\_

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: 07/07/2016  
 Authorized Employer Signature: [Signature]

### EMPLOYER HAS LIGHT DUTY WORK AVAILABLE

**TO BE COMPLETED BY PROVIDER**

Diagnosis: right 3rd finger contusion  
 Date of Examination: 7/7/16 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: 7/7/16  
 Days 5 Weeks \_\_\_\_\_ Months \_\_\_\_\_  
 Other \_\_\_\_\_  
 Expected Healing Time: \_\_\_\_\_  
 Current Status: \_\_\_\_\_  
 May work full duty now (no restrictions) \_\_\_\_\_ (Date)  
 May work light duty now with identified restrictions through 7/11/16  
 Presently working as of: \_\_\_\_\_  
 Many not work until: \_\_\_\_\_  Full Duty  Light Duty  
 Lifting: Maximum Weight 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: If no improvement in 5 days (or if worse) or if area becomes red, swollen, or tender, follow up is required.

Next Follow Up Appointment: \_\_\_\_\_

**PHYSICIAN INFORMATION**

Physician Name: Latoya Bonney, PA Phone: (510) 375-8091  
 Physician Signature: [Signature] Date: 7/7/16  
 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.