



# JPA School Districts *Fax to Attn: Diana Rappaport*

## Work Status Report # 209-533-9513

<b>Employee's Name</b>	<b>SSN</b>	<b>School District</b>	<b>Date of Injury</b>
Date of Visit: _____	<input type="checkbox"/> First Report	<input type="checkbox"/> Interim Report	<input type="checkbox"/> Final Report
<b>CURRENT WORK STATUS:</b>	<input type="checkbox"/> Full Duty	<input type="checkbox"/> Modified Duty	<input type="checkbox"/> Off Work

### PHYSICIAN'S FINDINGS

**Diagnosis** (with patient's permission): \_\_\_\_\_

**RETURN TO REGULAR WORK:** May return to full duty on \_\_\_ / \_\_\_ / \_\_\_

#### MODIFIED DUTY:

**Employee's restrictions are:**  Temporary  Permanent

**May return to modified duty on** \_\_\_ / \_\_\_ / \_\_\_ *with the following restrictions (check as applicable):*

No Lifting over \_\_ 10 \_\_ 20 \_\_ 35 \_\_ 50 lbs.

No Repetitive (circle as appropriate ) Bending/Pushing/Pulling

Released to Work with

Medication

No Repetitive Motion to Injured Part:

No Operating a Motor Vehicle

Body Part \_\_\_\_\_

Other: \_\_Eye Patch \_\_Keep Injury Clean

No Reaching/Working above Shoulder

\_\_Must Wear Splint/Sling

No Climbing: \_\_Ladders \_\_Stairs \_\_Steep Terrain

Comments: \_\_\_\_\_

#### OFF WORK:

**Employee is Temporary Totally Disabled from** \_\_\_ / \_\_\_ / \_\_\_ **to** \_\_\_ / \_\_\_ / \_\_\_

(These dates should not start before this treatment date or extend past next appointment date.)

**Condition:**  Same  Improved  Worsened  Request Referral to \_\_\_\_\_

Discharged, Permanent & Stationary For:  PT \_\_\_/wk x \_\_\_wks  CT/MRI

Ortho Consult  Neuro Consult

**Permanent Disability:**  Yes  No  EMG/NCV Study

### REHABILITATION P.T./O.T.

**NOTE FOR PT APPOINTMENTS:** *Therapist may complete and sign only the portions below.*

Job Description Provided?  Yes  No Employee is:  Improving  Maintaining  Regressing

**TIME IN:** \_\_\_\_\_ **TIME OUT:** \_\_\_\_\_ **NEXT APPOINTMENT:** Date \_\_\_\_\_ Time \_\_\_\_\_

Physician or Clinician Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician or Clinician Print Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/ZIP \_\_\_\_\_

Tuolumne JPA member school districts offer a Structured Return-to-Work Program to their injured/disabled employees during their medical recovery. We have identified numerous tasks (Temporary Work Assignments) which are available and are designed to accommodate **most** injuries. We can provide a detailed analysis of the temporary work offered to this employee based on your work restrictions. If you have questions or concerns, please contact our Return To Work Coordinator at (800) 688-0303. Thank you for your cooperation.

DISTRIBUTION: Tuolumne JPA (Original) Supervisor (Yellow) Employee (Pink) Physician (Goldenrod)