

WORK STATUS RECORD

TO: School District of South Milwaukee
901 15th Avenue, South Milwaukee, WI 53172

FROM: Employee Name _____
District Assignment _____
Exam Date _____
Diagnosis _____

_____ S/he may return to work with no limitations on _____ (date)
_____ S/he may return to work with the limitations listed below on _____ (date)
_____ S/he is totally incapacitated until _____ (date)

WORK LIMITATIONS

- Sedentary Work.** Lifting 10 pounds maximum and occasionally lifting and/or carrying such articles as docket, ledgers, and small tools. Although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met.
- Light Work.** Lifting 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds. Even though the weight lifted may be only a negligible amount, a job is in the category when it requires walking and/or standing to a significant degree or when it involves sitting most of the time with a degree of pushing and pulling or arm and/or leg controls.
- Light Medium Work.** Lifting 30 pounds maximum with frequent lifting and/or carrying of objects weighing up to 20 pounds.
- Medium Work.** Lifting 50 pounds maximum with frequent lifting and/or carrying of objects weighing up to 20 pounds.
- Light Heavy Work.** Lifting 75 pounds maximum with frequent lifting and/or carrying of objects weighing up to 40 pounds.
- Heavy Work.** Lifting 100 pounds maximum with frequent lifting and/or carrying of objects weighing up to 50 pounds.

1. In an 8 hour work day patient may:
 - a. Stand/Walk

<input type="checkbox"/> None ___S___W	<input type="checkbox"/> 4-6 Hours ___S___W
<input type="checkbox"/> 1-4 Hours ___S___W	<input type="checkbox"/> 6-8 Hours ___S___W
 - b. Sit

<input type="checkbox"/> 1-3 Hours	<input type="checkbox"/> 3-5 Hours	<input type="checkbox"/> 5-8 Hours
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 - c. Drive

<input type="checkbox"/> 1-3 Hours	<input type="checkbox"/> 3-5 Hours	<input type="checkbox"/> 5-8 Hours
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2. Patient may use hand(s) for repetitive:

<input type="checkbox"/> Simple Grasping	<input type="checkbox"/> Pushing & Pulling
<input type="checkbox"/> Fine Manipulation	<input type="checkbox"/> Keyboarding
3. Patient may use foot/feet for repetitive movements as in operating foot controls: Yes No
4. Patient may:

	0% of the workday <u>Not At All</u>	1%-33% of the workday <u>Occasionally</u>	34%-66% of the workday <u>Frequently</u>	67-100% of the workday <u>Continuously</u>
a. Bend/Stoop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Twist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Squat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Climb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Reach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Push/Pull	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER INSTRUCTIONS/LIMITATIONS INCLUDING PERTINENT PRESCRIBED MEDICATIONS _____

THESE LIMITATIONS ARE IN EFFECT UNTIL _____

Provider's Signature _____ (Phone No.) _____ Date _____

Authorization to Release Information

I hereby authorize the release of any information or copies thereof acquired in the course of my examination or treatment for the injury identified above to my employer or representative.

Patient Signature _____ Date _____

This form must be fully completed by the employee's physician. Forms not completely filled out may be returned and the employee not allowed to return to work. The original will be placed in the medical file of the employee and a copy sent to the immediate supervisor.