



City of Rochester MEDICAL WORK STATUS REPORT

Instructions to Employee: Provide a copy of this document to your supervisor and to HR immediately after your appointment. Employees must obtain medical documentation if treatment is the result of a work-related injury. An employee who seeks an accommodation or requests to perform temporary light-duty work must provide a work status report. The City is unable to proceed with an accommodation or light-duty request until after receiving and reviewing medical documentation and may request additional documentation beyond the following work status report. The City requires updated medical documentation at each follow up appointment or when restrictions change. The supervisor will authorize the employee to leave work if the employee is restricted from all activities.

Instructions to Medical Provider: Complete the information below as it relates to the individual's ability to return to work. Do not provide information about genetic tests, genetic services, or manifestation of disease or disorder in the employee's family members, as defined in 29 C.F.R §1635.3(f), (e) and (b).

Employee Information

Date	Employee ID #
Employee Name	Department/Division
Supervisor	Employee Phone Number

Injury or Illness Information

Is This A Work-Related Injury? Yes _____ No _____ Undetermined _____	Injury or Illness Onset Date (as specific as possible)	<input type="checkbox"/> Initial Visit <input type="checkbox"/> Recheck
For Work-Related Injuries Only - Diagnosis Related To Injury, Illness, Or Surgery		
Next Appointment Date	Surgery or Procedure Date	

Return to Work Plan. Complete all information as appropriate. (Please complete dates as mm/dd/yyyy.)

<input type="checkbox"/> Able to return to work without restrictions on ____/____/____
<input type="checkbox"/> Unable to work From: ____/____/____ Through: ____/____/____
<input type="checkbox"/> Able to return to work with restrictions listed below From: ____/____/____ Through: ____/____/____
Number of work hours per day _____ Number of days per week _____ Other (e.g. schedule limitation) _____

Restrictions Check only those items that apply. Add additional restrictions in blank cells. Restrictions are in effect 24 hours a day.

Frequency key (based on an 8-hour shift per day)	Unable to perform	Rarely (<5%) .5 hour	Occas. (6-33%) .5-3 Hours	Freq. (34-66%) 3-6 Hours	Continuously (67-100%) 6 hours+		L	R	Unable to perform	Rarely (<5%) .5 hour	Occas. (6-33%) .5-3 Hours	Freq. (34-66%) 3-6 Hours	Continuously (67-100%) 6 hours+
Stand, walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lift, carry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twist, turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Push, pull	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bend, stoop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reach above shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Squat, kneel, climb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Repetitive grasp or pinch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Keyboard operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/> Sedentary work or activities only	<input type="checkbox"/> Keep wound clean and dry	<input type="checkbox"/> No assaultive or physical control situations
<input type="checkbox"/> Able to alternate sitting, standing, walking as needed	<input type="checkbox"/> No operating power equipment	<input type="checkbox"/> No working at heights
<input type="checkbox"/> No complex- or safety-sensitive decision making	<input type="checkbox"/> No driving work vehicles	<input type="checkbox"/>
Estimated time to return to work without restrictions: (Employee: if anticipated duration is six months or more, contact HR for additional instructions.) <input type="checkbox"/> Less than 1 month. <input type="checkbox"/> 1- 3 months. <input type="checkbox"/> 3 month to 6 months. <input type="checkbox"/> More than 6 months <input type="checkbox"/> Unknown		
Additional comments.		

Medical Facility	Phone	Fax
Provider Signature	Date	Provider Printed Name

Contact the City of Rochester's Human Resources department at 507-328-2555 with questions.