

Health Status Report

HEALTH CARE PROVIDER: Please complete this Health Status Report. Upon receipt of the report and based upon your assessment, we will begin the process of determining if we are able to place this employee in a temporary modified duty *assignment*. This report need only address the issue presented. If you have any questions, please contact: (602) 542-2182.

Employee Name (Last, First M.I.) (Please print):	
Employee Identification Number: (EIN)	Claim Number:
Date Injury/Illness Began: (mm/dd/yyyy)	Is this an Industrial Injury/Illness? Yes No
Nature of Condition:	Prognosis?
Estimated Date of Recovery: (mm/dd/yyyy)	Date of Next Appointment: (mm/dd/yyyy)

Work Status

May work full duty with no restrictions starting on _____

May work modified light duty starting on _____ Approximately how long? _____

May work _____ hours/day starting on _____ Approximately how long? _____

Off work, starting on _____ Approximately how long? _____

Discharged

Restrictions are permanent/no improvement expected

Employee's Functional Capacity (Check only those that apply)

No lifting, No pushing, No pulling, No running	Workday Capacity
No lifting over _____ pounds	Can sit _____ hours/day
No repetitive bending/twisting	Can stand _____ hours/day
Body Part _____	Can walk _____ hours/day
No repetitive motion to injured part (i.e., leg, arm) _____	Visual Limitations (What is the limitation)
No climbing _____ ladders _____ stairs _____	_____
Able to traverse _____ stairs to enter a room or building	Psychological Limitation (What is the limitation)
No inmate control/intervention activities	_____
No operation of a motor vehicle	Environmental Limitations (What is the limitation)
No operation of hazardous equipment	_____
No work reaching above the shoulder	

Comments:

Provider Name (Last, First M.I.) (Please	Address (Street no., city, state, zip code)	Telephone Number (area code)
Preparer's Signature:		Date: (mm/dd/yyyy)

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA, Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic Information" as defined by GINA includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.