

**PHYSICIAN'S MODIFIED WORK INFORMATION SHEET**

Employee Name: \_\_\_\_\_ Injury/Illness date: \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**RETURN TO WORK FULL DUTY WITH NO RESTRICTIONS? YES NO DATE**

**To All Employees:**

Please return this completed report directly to your supervisor within 24 hours of your injury or illness, and prior to the start of your next scheduled work shift.

**Attending Physician:**

The State of Louisiana, Office of Risk Management is committed to a modified/alternate duty work program to accommodate the timely return to productive, beneficial work that facilitates recovery. In order for the return to work to be successful, it is important that the accommodation fits the appropriate restriction(s) and limitation(s) that the employee should be observing. To assist us in identifying suitable duties, please indicate your patients work capabilities and any other comments you may have. The State of Louisiana has the ability to provide duties that accommodate almost all restrictions.

The following details the employee's current capabilities; *(please checkmark as appropriate)*

	1 to 2 lbs	3 to 5 lbs	6 to 10 lbs	11 to 20 lbs	21 to 30 lbs	31 to 40 lbs	41 + lbs
<b>Lifting</b>							
<b>Carrying</b>							
<b>Push/pull</b>							

	Minimal	Under 1 Hr	1-2 Hrs	2-3 Hrs	3-4 Hrs	4-5 Hrs	5-6 Hrs	8 hrs
<b>Sitting</b>								
<b>Standing</b>								
<b>Walking</b>								

	YES	NO
<b>Squatting</b>		
<b>Bend/Twist at Waist</b>		
<b>Reaching</b>		
<b>Work above Shoulder</b>		

List any other restrictions: \_\_\_\_\_

Restrictions effective until (date) \_\_\_\_\_

Follow-Up Appointment date(s): \_\_\_\_\_

Signature of Attending Physician: \_\_\_\_\_

Date: \_\_\_\_\_