



Work Status Form/Return to Work Updates

Patient's Name:		Date of Birth:																																	
TO BE COMPLETED BY ATTENDING PROVIDER																																			
Today's Exam DATE:	Date of Injury/Illness:	Next Exam DATE:																																	
Diagnosis:																																			
<input type="checkbox"/> Return to work with NO limitations on this DATE: _____ <input type="checkbox"/> Completely incapacitated at this time - off work with Re-evaluation DATE: _____ <input type="checkbox"/> Return to work with the temporary limitations listed below starting and ending on: <div style="text-align: center; margin: 10px 0;"> Limitations Start DATE: _____ Limitations End DATE: _____ </div> <input type="checkbox"/> Return to work with permanent limitations: Start DATE: _____																																			
Restrictions: <input type="checkbox"/> SEDENTARY WORK: Requires little or no walking/standing and require lifting of 5 pounds or less. <input type="checkbox"/> LIGHT WORK: May require significant walking/standing, individuals may lift 5 pounds regularly and 10 pounds maximum. <input type="checkbox"/> MEDIUM WORK: May require significant walking or standing. Individuals may lift 20 pounds regularly and up to 50 pounds maximum. <input type="checkbox"/> HEAVY WORK: Individual may lift 50 pounds regularly and up to 100 pounds maximum. <input type="checkbox"/> VERY HEAVY WORK: Individual may lift regularly and up to 100 pounds.	LIMITATIONS <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%;">Yes</th> <th style="width: 20%;">No</th> </tr> </thead> <tbody> <tr><td>Stand</td><td></td><td></td></tr> <tr><td>Walk</td><td></td><td></td></tr> <tr><td>Sit</td><td></td><td></td></tr> <tr><td>Drive</td><td></td><td></td></tr> <tr><td>Bend</td><td></td><td></td></tr> <tr><td>Squat</td><td></td><td></td></tr> <tr><td>Kneel</td><td></td><td></td></tr> <tr><td>Climb</td><td></td><td></td></tr> <tr><td>Type</td><td></td><td></td></tr> <tr><td>Reach</td><td></td><td></td></tr> </tbody> </table>			Yes	No	Stand			Walk			Sit			Drive			Bend			Squat			Kneel			Climb			Type			Reach		
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OTHER INSTRUCTIONS AND/OR LIMITATIONS (Hours restrictions/Overtime restrictions): <div style="height: 40px; border: 1px solid black;"></div>																																			
Physician's Name:																																			
Physician's Signature:		Date of Signature:																																	

- **Please do not send this document to your supervisor or department.**
- **It should be returned to Leave Management Services at:**
 - **Leave Management Services, 135 S. Gibson St., Medford, WI 54451**
 - **E-mail: leavemanagementservices@aspirus.org**
 - **Phone: 715-748-8115 Fax: 715-841-4300**