

SALT LAKE COMMUNITY COLLEGE

Work Status Form

(Instructions: Return this completed form to employee)

Patient's Last Name	Patient's First Name	Patient's Birthdate	Date of Appointment
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Employee is released to return to Regular Work on (date) _____ <input type="checkbox"/> Employee is released to Transitional (Modified) Work from (date) _____ until (date) _____
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Employee may:

	No restrictions	Total hours during day					Hours at one time				
		8+	6-8	4-6	2-4	0-2	8+	6-8	4-6	2-4	0-2
<input type="checkbox"/> Stand/Walk	<input type="checkbox"/>										
<input type="checkbox"/> Sit	<input type="checkbox"/>										
<input type="checkbox"/> Drive	<input type="checkbox"/>										
<input type="checkbox"/> Bend	<input type="checkbox"/>										
<input type="checkbox"/> Squat	<input type="checkbox"/>										
<input type="checkbox"/> Kneel	<input type="checkbox"/>										
<input type="checkbox"/> Climb	<input type="checkbox"/>										
<input type="checkbox"/> Twist	<input type="checkbox"/>										
<input type="checkbox"/> Crawl	<input type="checkbox"/>										
<input type="checkbox"/> Reach	<input type="checkbox"/>										
<input type="checkbox"/> right hand	<input type="checkbox"/>										
<input type="checkbox"/> left hand	<input type="checkbox"/>										
<input type="checkbox"/> overhead	<input type="checkbox"/>										
<input type="checkbox"/> Grasp	<input type="checkbox"/>										
<input type="checkbox"/> right hand	<input type="checkbox"/>										
<input type="checkbox"/> left hand	<input type="checkbox"/>										
<input type="checkbox"/> Fine manipulation	<input type="checkbox"/>										
<input type="checkbox"/> right hand	<input type="checkbox"/>										
<input type="checkbox"/> left hand	<input type="checkbox"/>										
<input type="checkbox"/> Use keyboard	<input type="checkbox"/>										
<input type="checkbox"/> Push/Pull	<input type="checkbox"/>										
<input type="checkbox"/> right hand	<input type="checkbox"/>										
<input type="checkbox"/> left hand	<input type="checkbox"/>										
<input type="checkbox"/> Lift _____ lbs.	<input type="checkbox"/>										
<input type="checkbox"/> Carry _____ lbs.	<input type="checkbox"/>										

<input type="checkbox"/> Number of hours per day if less than full time _____ <input type="checkbox"/> Is employee restricted by environmental factors, i.e., heat/cold, dust, heights, chemicals, fumes, gases, odors, noise, etc.? <input type="checkbox"/> Employee is unable to work from (date) _____ to (date) _____ Follow-up appointment scheduled for (date) _____ <input type="checkbox"/> Discharged from care (date) _____ <input type="checkbox"/> Other instructions/restrictions/comments _____ _____ _____
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Provider Signature

Print Provider Name and Phone #

Date