

Physician's Modified Work Information Sheet

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.

Please fax a copy of the completed form to (225) 448-0026.

Employee Name: _____ DOB: _____ Injury/Illness date: _____

Doctor Name (Printed): _____ Phone Number: _____ Claim#: _____

RETURN TO WORK FULL DUTY WITH NO RESTRICTIONS? YES NO DATE: _____

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
Lifting							
Carrying							
Push/pull							

	Minimal	Under 1 Hr	1-2 Hrs	2-3 Hrs	3-4 Hrs	4-5 Hrs	5-6 Hrs	8 hrs	12+hrs
Sitting									
Standing									
Walking									

	YES	NO
Squatting / Kneeling		
Bend/Twist at Waist		
Reaching		
Work above Shoulder		
Climbing		

List any other restrictions _____

Restrictions effective until (date) _____

Diagnosis: _____

Treatment Plan: _____

Date _____ Signature of Attending Physician: _____

Date of Follow Up Appointment: _____ Patient signature _____