



Physician Report of Work Capacity

Physician, please note below the physical activities this employee can safely perform while on **TEMPORARY** Modified Duty. Stanislaus County is a proactive employer that offers modified duty positions whenever possible. Please note if injury is **INDUSTRIAL** or **NON INDUSTRIAL**.

If clinic has a similar status slip available this form is not required. Clinic's form will be accepted.

Doctor / Clinic: _____

We are sending _____ to you for treatment.

Date / Time Injured: _____ Date being sent: _____

Brief Description of Accident: _____

By: Supervisor	Department	Phone:
JOB TITLE	SHIFT	HOURS PER SHIFT

Identifying Information		
EMPLOYEE	ADDRESS	
CITY	STATE	ZIP

For Industrial Injuries: please submit your report and billing to: York Risk Services Group Inc
P.O. Box 619079, Roseville, CA 95661 phone (800) 922-5020

All medical treatment **MUST** be preauthorized and subject to treatment guidelines set forth by the American College of Occupational and Environmental Meedicine (ACOEM) and the provision of the California Labor Code. Medical treatment should be sought from one of the County's designated medical clinic or facilities. Pursuant to LC Section 4600(d) only qualified pre-designated

NOTE: On terms of an 8 hour workday, "Occasionally" equals 1% to 33%, "Frequently" equals 34% to 66%, and "Continuously" equals 67% to 100%.

I. Please circle the number of hours the employee can safely perform the following based on an 8 hour work day.

A. Sit	1	2	3	4	5	6	7	8
B. Stand	1	2	3	4	5	6	7	8
C. Walk	1	2	3	4	5	6	7	8

II. Movements	Not at all	Up to 33% Occasionally	Up to 66% Frequently	Up to 100% Continuously
A. Bend/Stoop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Squat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Crawl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Climb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Reach above shoulder level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Crouch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Kneel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Balancing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Pushing/Pulling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

_ Over _ _ _ _ _

Job Requirements (Continued)

III. Weight carried:	Not at all	Occasionally	Frequently	Continuously
A. Up to 10 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. 11 to 24 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. 25 to 34 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. 35 to 50 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. 51 to 74 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. 75 to 100 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. Weight lifted:	Not at all	Occasionally	Frequently	Continuously
A. Up to 10 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. 11 to 24 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. 25 to 34 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. 35 to 50 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. 51 to 74 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. 75 to 100 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

V. Ability for repetitive foot movement (as in operating foot controls):	Right		Left		Both	
	Yes	No	Yes	No	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VI. Ability of hands used in repetitive actions:	Right		Left	
	Yes	No	Yes	No
Simple Grasping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Firm Grasping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine Manipulating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Physician Comments:

Return to work status:

Diagnosis:

Date Released to Regular Duty:

Date Released to Modified Duty:

Anticipated Permanent and Stationary Date:

Employee is to return for further medical treatment on

Signature of Physician

Date

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Please return to:

Stanislaus County
CEO- Risk Management Division
1010 10th Street, Suite 5900
Modesto, CA 95354
 phn (209) 525-5710 fax (209) 525-5779