FITNESS FOR DUTY

All sections must be completed by treating physician

Fax completed form to (907) 459-1187 or hand-deliver to FNSB Risk Management within one day of your appointment.

Note to Supervisor and Employee:
Treating employee is not allowed back to duty until Risk Management has reviewed and approved their return to work. The Claims Coordinator will contact the supervisor to facilitate the review and approval process.

Employee Work Status Report

Employee Name: _____

☐ **Unable** to return to work until_____(Please mark restrictions below)

☐ Can return to **full work** with no restrictions on:_____

☐ Can return to **modified work** on:_____adhering to **restrictions** checked below:

Physical Capacity Restrictions

NOTE: **OCCASIONALLY** (UP TO 2 HOURS PER 8-HOUR DAY) **FREQUENTLY** (UP TO 4 HOURS PER 8-HOUR DAY)

Lift/Carry	Not At All	Occasionally	Frequently	No Restrictions
0 – 3 lbs.	_____	_____	_____	_____
4 - 10 lbs.	_____	_____	_____	_____
11 - 20 lbs.	_____	_____	_____	_____
21 - 40 lbs.	_____	_____	_____	_____
Over 40 lbs.	_____	_____	_____	_____
Able To Do				
Bending	_____	_____	_____	_____
Squatting	_____	_____	_____	_____
Climbing	_____	_____	_____	_____
Pushing/Pulling	_____	_____	_____	_____
Kneeling	_____	_____	_____	_____
Reach above shoulder	_____	_____	_____	_____
Repetitive hand motion	_____	_____	_____	_____
Stand	_____	_____	_____	_____
Walk	_____	_____	_____	_____
Sit	_____	_____	_____	_____
Drive	_____	_____	_____	_____

_____Keep wound/dressing clean & dry _____Use assistive devices: sling, brace, crutches, etc.

_____Avoid contact with chemicals _____can do data entry_____hours at a time

Other_____

Describe how any prescribed medications would adversely affect the performance of essential job functions: _____

_____

Follow-Up Care

_____Final visit, discharge from care for this injury/illness Re-Evaluation on_____

_____Physical Therapy prescribed: Frequency_____ Duration _____

Comments:_____

Physician Signature:_____Date:_____

Physician Printed Name:_____

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