ST. TAMMANY FIRE PROTECTION DISTRICT NO. 11

Work Status Report Form

V 1.0

STFPD11 Health & Safety
Telephone: 985-863-3132
fax: 985-863-1834

Doctor's Office Stamp in This Space

SUPERVISOR'S AUTHORIZATION FOR INITIAL TREATMENT

STFPD11 Supervisor Name (print)	Parish of Operation	Contact Telephone ( )
I authorize the initial evaluation and treatment for the employee and injury specified below	STFPD11 Supervisor's Signature	Date
Alt. STFPD11 Authorization ☐ Telephone ☐ Fax ☐ Other	Alt. Authorization Taken By:	Date

EMPLOYEE INFORMATION

Employee Last Name	Employee First Name	SSN -- --
Date of Injury	Type of Injury	

WORK STATUS REPORT

Date of This Exam	Covers Period From: To:	☐ Industrial ☐ Non-Industrial ☐ Other

Findings:

Work Status ☐ Regular Work No Limitations ☐ Modified Work (Transitional) With Limitations below ☐ Unable to Return to Work Until: (date)

Date of Next Appointment	MMI? Y____ N____ Impairment Rating %_____	Anticipated MMI Date:	Permanent Disability Expected? Y N

Treatment Plan: times a week for weeks | Referrals Made:

LIMITATIONS FOR MODIFIED WORK ASSIGNMENTS

(Key: Full capacity—leave blank, Partial capacity—X one box, No capacity—X both boxes)

No Lifting >lbs.	☐☐ Sitting	☐☐ Standing	☐☐ Pulling	☐☐ Reaching
Break:	☐☐ Bending	☐☐ Squatting	☐☐ Pushing	☐☐ Climbing
Hours:	☐☐ Driving	☐☐ Typing	☐☐ Data Input	☐☐ Telephones

SUMMARY OF ABILITIES FOR MODIFIED WORK ASSIGNMENTS

Date Patient Discharged: Residuals:

Comments:

"I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted in this report, that I believe it to be true. The contents of this report and bill are true and correct to the best of my knowledge."

Treating Physician (Printed name):

Treating Physician's Signature: Date: