

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 pursuant to R.S.39:1547 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)368-3490.

Employee Name:	Visit Date:	Next Visit:	Claim Number:		
Health Care Provider Name:				Injury Date:	
Employee is released to the job of injury without restrictions as of (date): ____/____/____					
Employee may perform modified duty, if available, from (date): ____/____/____ to ____/____/____ If released to modified duty, may work limited hours: ____ hours/day Does employee require assistance returning to work? Yes No					
Transitional Duty Available: Yes					
Employer / Employee notified of Restrictions: Yes No					
How long do the employee's current capacities apply (estimate)? 1-10 days 11-20 days 21-30 days 30+ days ____/____/____ <i>Capacities apply all day, every day of the week, at home as well as at work.</i>					
Employee abilities (related to work injury) A blank space = no restricted	Never	Seldom 1-10% 0-1 hour	Occasional 11-33% 1-3 hours	Frequent 34-66% 3-6 hours	Constant 67-100% (Not restricted)
Sit					
Stand / Walk					
Frequent Breaks					
Climb ladder, stairs, etc.					
Drive					
Twist					
Bend / Stoop					
Squat / Kneel					
Crawl					
Reach L R B					
Work above shoulders L R B					
Keyboard L R B					
Wrist (flexion/extension) L R B					
Grasp (forceful) L R B					
Fine manipulation L R B					
Operate foot controls L R B					
Vibratory tasks; high impact L R B					
	Never # lbs	Seldom # lbs	Occasional # lbs	Frequent # lbs	Constant # lbs
Lifting / Pushing					
Lift L R B					
Carry L R B					
Push / Pull L R B					
Other Restrictions:					
Signature:					Date: