TDI Division of Workers' Compensation

DWC073

Work status report

Part 1. Injured employee information

1. Employee name	**2. Date of injury**	**3. Social Security No.** XXX-XX-
4. Employer name	**5. Employer fax or email**	
6. Insurance carrier name	**7. Insurance carrier fax or email**	
8. Employee's description of injury or accident		
9. Work injury diagnosis information		

Part 2. Work status information, work restrictions, and follow-up appointment information

10. The medical condition caused by the work-related injury: (Choose one and add dates.)

☐ **a)** will allow the employee to return to work without restrictions as of

☐ **b)** will allow the employee to return to work with the restrictions from through

Lifting or exerting:	Occasionally	Frequently	Constantly
☐ **Sedentary**	up to 10 lbs.	Negligible	negligible
☐ **Light**	up to 20 lbs.	up to 10 lbs.	negligible
☐ **Medium**	up to 50 lbs.	up to 25 lbs.	up to 10 lbs.
☐ **Heavy**	up to 100 lbs.	up to 50 lbs.	excess of 20 lbs.
☐ **Very Heavy**	excess of 100 lbs.	excess of 50 lbs.	excess of 20 lbs.

Other restrictions

Body part restricted ☐ No more than lbs. lift or carry.

☐ **c)** has prevented and still prevents the employee from returning to work as of through

This injury prevents the employee from performing any tasks or duties because:

11. Type of follow-up appointment *(referral, study)*	Date and time	Health care practitioner (HCP) name

☐ **None.** This is the last scheduled visit for this problem. At this time, no further medical care is anticipated.

Part 3. HCP and employee signature

12. HCP name	**13. HCP phone**	**14. HCP fax or email**
15. HCP address		**16. Visit date**
17. HCP signature and date		**18. HCP license number**
19. Employee signature and date		

You must report your injury to your employer within 30 days. Questions? Call the Division of Workers' Compensation at 800-252-7031. *Usted debe de reportar su lesión a su empleador dentro del transcurso de 30 días. ¿Tiene preguntas? Llame a la División de Compensación para Trabajadores al 800-252-7031.*

FAQ
Work status report

Who can complete this form? When must it be completed?
A treating or referral doctor, including their delegated physician assistant or advanced practice registered nurse, must complete the DWC Form-073:

- after the initial examination of the injured employee, regardless of the employee's work status;
- when there is a change in the injured employee's work status;
- when there is a substantial change in the injured employee's activity restrictions; or
- on a schedule that the insurance carrier requests as long as it is based on the injured employee's scheduled appointments with the doctor and doesn't exceed one report every two weeks.

Have the injured employee sign the DWC Form-073 and give them a copy during the examination. Send a copy to the insurance carrier and employer within two working days of the examination.

You must also complete a DWC Form-073:

- after receiving a set of functional job descriptions from the employer or insurance carrier listing modified duty positions, including the physical and time requirements of the positions, that the employer has available for the injured employee to work; or
- after receiving a DWC Form-073 from a required medical exam (RME) doctor that indicates the injured employee can return to work with or without restrictions.

Have the injured employee sign the DWC Form-073 and give them a copy during the examination. Send a copy to the insurance carrier and employer within seven days of receiving a job description or RME opinion.

Where can I find more information about work restrictions and job classifications?
For non-network claims, refer to Texas Department of Insurance, Division of Workers' Compensation's (DWC) non-network return-to-work guideline (MDGuidelines) at www.mdguidelines.com and 800-442-4519. You can also find more information about return to work in 28 Texas Administrative Code Section 137.10. Check with your certified workers' compensation health care network for the network's applicable return-to-work guideline.

Where can I find more information about the DWC Form-073?
See 28 Texas Administrative Code Sections 126.6, 127.10, and 129.5 at www.tdi.texas.gov/wc/rules/index.html. If you have questions, call *Comp Connection for Health Care Providers* at 800-252-7031 (512-804-4000 in the Austin area) and select option 3.

Note: With few exceptions, on your request, you are entitled to:

- be informed about the information DWC collects about you;
- receive and review the information (Government Code Sections 552.021 and 552.023); and
- have DWC correct information that is incorrect (Government Code Section 559.004).

For more information, contact DWCLegalServices@tdi.texas.gov or go to the Corrections Procedure section at www.tdi.texas.gov.