

Return to Work (See DWC Form(s)-073, Work Status Report)

The exam requester asked whether the injured employee is able to return to work in any capacity and what work activities can the injured employee perform. The table below summarizes the period to be assessed listed by the requestor or requestors in Box 36E of the DWC Form-032.

Assessment Period 1

The medical condition caused by the work-related injury:

will allow the injured employee to return to work without restrictions as of [mm/dd/yyyy].

will allow the injured employee to return to work with the restrictions from [mm/dd/yyyy] through [mm/dd/yyyy].

Work restricted to:					
<input type="checkbox"/> Sedentary	<input type="checkbox"/> Light	<input type="checkbox"/> Medium	<input type="checkbox"/> Heavy	<input type="checkbox"/> Very Heavy	
Body part restricted:		<input type="checkbox"/> No more than _____ pounds lift or carry.		<input type="checkbox"/> No lift or carry.	
Type	Max Hours	Type	Max Hours	Type	Max Hours
Stand		Sit		Kneel/ Squat	
Push/Pull		Twist		Walk	
Bend/Stoop		Keyboard		Climb stairs/ladder	
Reach/Overhead					
Medication restrictions:					
Driving restrictions:					

has prevented and still prevents the employee from returning to work as of [mm/dd/yyyy] through [mm/dd/yyyy].

Description of job duties, work history and current work capacity: