# COMMONWEALTH OF KENTUCKY/ CCMSI, INC. - REPORT OF MEDICAL STATUS

| Employee Name:(First) (Middle Initial) (Last) | Date of Injury/Illness: |
|---|---|

Is this Injury/Illness Work Related: ☐ YES ☐ NO

Diagnosis:

**TO BE COMPLETED BY ATTENDING PHYSICIAN - PLEASE CHECK**

I saw and treated this patient on _____ and:

☐ 1. Recommend patient return to work with no limitations on _____.
(Date)

☐ 2. Patient may return to work capable of performing the degree of work checked below with the following limitations:
**Please Note: If limitations are noted a time limit must be indicated in Item #3 below!**

## PLEASE INDICATE DEGREE OF WORK

☐ **Sedentary Work:** Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time, but may involve walking or standing for brief periods of time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.

☐ **Light Work:** Exerting up to 20 pounds of force occasionally, and/or a negligible amount of force constantly to move objects. A job should be rated Light Work; (1) when it requires walking or standing to a significant degree; or (2) when it requires sitting most of the time but entails pushing and/or pulling of arm or leg controls; and/or (3) when the job requires working at a production rate pace entailing the constant pushing and/or pulling of materials even though the weight of those materials is negligible. NOTE: The constant stress and strain of maintaining a production rate pace, especially in an industrial setting, can be and is physically demanding of a worker even though the amount of force exerted is negligible.

☐ **Medium Work:** Exerting 20 to 50 pounds of force occasionally, and/or 10 to 25 pounds of force frequently, and/or greater than negligible up to 10 pounds of force constantly to move objects.

☐ **Heavy Work:** Exerting 50 to 100 pounds of force occasionally, and/or 25 to 50 pounds of force frequently, and/or 10 to 20 pounds of force constantly to move objects.

☐ **Very Heavy Work:** Exerting in excess of 100 pounds of force constantly and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects.

## PLEASE INDICATE LIMITATIONS

| **Restricted Activities** | **May Perform Activity** | | |
|---|---|---|---|
| | **Occasionally** | **Frequently** | **Continuous** |
| **% of Assigned Shift** | **(1-33%)** | **(34-66%)** | **(67-100%)** |
| **Stooping** | ☐ | ☐ | ☐ |
| **Bending** | ☐ | ☐ | ☐ |
| **Lifting** | ☐ | ☐ | ☐ |
| **Reaching** | ☐ | ☐ | ☐ |
| **Pushing** | ☐ | ☐ | ☐ |
| **Pulling** | ☐ | ☐ | ☐ |
| **Walking** | ☐ | ☐ | ☐ |
| **Standing** | ☐ | ☐ | ☐ |
| **Twisting** | ☐ | ☐ | ☐ |
| **Turning** | ☐ | ☐ | ☐ |
| **Stretching** | ☐ | ☐ | ☐ |
| **Kneeling** | ☐ | ☐ | ☐ |
| **Climbing** | ☐ | ☐ | ☐ |
| **Above Shoulder Lifts** | ☐ | ☐ | ☐ |
| **Overhead Lifts** | ☐ | ☐ | ☐ |
| **Operation of Motorized Vehicle/Equipment /Machinery** | ☐ | ☐ | ☐ |

**OTHER SPECIAL RESTRICTIONS:**

(1) Occasional – Up to 2 ½ hours; (2) Frequent – Up to 5 ½ hours; (3) Continuous – More than 5 ½ hours
Based on a 7.5 hour workday – with morning and afternoon breaks.

☐ 3. These restrictions are in effect until _____ or until patient is re-evaluated on _____.

☐ 4. These restrictions are **PERMANENT**.

☐ 5. Patient is physically unable to return to work at this time. Patient will be re-evaluated on _____.

| **Physician's Signature:** | **Date:** |
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## AUTHORIZATION TO RELEASE INFORMATION

**I hereby authorize my attending doctor to release any information or copies thereof acquired in the course of my examination or treatment for the illness/injury identified above to my employer or representative.**

| **Patient's Signature:** | **Date:** |
|---|---|

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