

Pampa Independent School District

BUSINESS OFFICE

1233 N. Hobart
PAMPA, TEXAS 79065

PHONE 806/669-4700
FAX 806/665-0506

The following information must be completed after every visit our injured employee makes to your facility for workers' compensation administration.

Patient's Name _____

Date of Injury _____

Diagnosis _____

TO BE COMPLETED BY ATTENDING PHYSICIAN

1. I saw and treated this patient on _____, and:

___ Recommend his or her return to work with no limitations on _____

or

___ He or she may return to work capable of performing the degree of work checked below with the following limitations.

DEGREE

___ Sedentary work. Lifting 10 pounds maximum and occasionally lifting and/or carrying such articles as docket, ledgers, or small tools. Although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met.

___ Light work. Lifting 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds. Even though the weight lifted may be a negligible amount, a job is in this category when it requires walking or standing to a significant degree or when it involves sitting most of the time with a degree of pushing and pulling of arm and/or leg.

___ Medium work. Lifting 50 pounds maximum with frequent lifting and/or carrying of objects weighing up to 50 pounds.

___ Heavy work. Lifting 100 pounds maximum with frequent lifting and/or carrying of objects weighing up to 50 pounds.

___ Very heavy work. Lifting objects in excess of 100 pounds with frequent lifting and/or carrying of objects weighing 50 pounds or more.

LIMITATIONS

In an 8 hour work day the patient may:

Stand/Walk	<input type="checkbox"/> None	<input type="checkbox"/> 1-4 hrs	<input type="checkbox"/> 4-6 hrs	<input type="checkbox"/> 6-8 hrs
Sit	<input type="checkbox"/> 1-3 hrs	<input type="checkbox"/> 3-5 hrs	<input type="checkbox"/> 5-8 hrs	
Drive	<input type="checkbox"/> 1-3 hrs	<input type="checkbox"/> 3-5 hrs	<input type="checkbox"/> 5-8 hrs	

The patient may use hands for repetitive:

Single grasping Pushing and Pulling Fine Manipulation

The patient may use feet for repetitive movement as in operating foot controls:

Yes No

The patient is able to:

	<u>Frequently</u>	<u>Occasionally</u>	<u>Not at all</u>
Bend	_____	_____	_____
Squat	_____	_____	_____
Climb	_____	_____	_____

Other instructions and/or limitations: _____

2. These restrictions are in effect until _____ or until the patient is reevaluated on _____

3. The patient is incapacitated at this time. The patient will be reevaluated on _____

Physician's Signature _____ Date _____

EMPLOYEE'S AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize my attending physician and/or hospital to release any information or copies thereof acquired in the course of my examination or treatment for the injury identified above to my employer or his representative.

Patient's Signature _____ Date _____

Please Return Completed Form To:

PAMPA INDEPENDENT SCHOOL DISTRICT
ATTN: BUSINESS OFFICE
1233 N. Hobart
PAMPA, TX 79065