

DUTY STATUS REPORT

(To be Completed by Medical Provider)

Date: _____

NOTE TO PROVIDER: The Village of Hoffman Estates has a comprehensive light duty policy. We will make every effort to return an employee to light duty work if indicated.

Patient Name: _____ Occupation: _____

Diagnosis: _____

1. Is employee's condition related to: An off-duty injury/illness Injury/illness on-duty Pregnancy

2. Is the employee able to perform regular work?

Yes, as of _____ No Date employee advised _____

3. If employee cannot resume regular work, please provide period of disability:

Total Disability From _____ To _____

4. Is the employee able to perform light duty work? Yes No

If yes, Part-Time Full-Time From: _____ To: _____

If yes, indicate tolerance limitations below:

Physical Limitations	No Restriction	Intermittent Restriction (hrs per day)	Full Restriction	Comments
Sedentary Lifting 0 to 10 pounds				
Light Lifting 10 to 20 pounds				
Moderate Lifting 20 to 50 pounds				
Heavy Lifting 50 to 100 pounds				
Pulling/Pushing/Carrying/Grasping				
Reaching or Working Above Shoulder				
Walking				
Standing				
Sitting				
Stooping				
Kneeling				
Repeated Bending				
Climbing a Ladder				
Operating an Automobile				
Operating a Medium Duty Vehicle				
Operating a Heavy Duty Vehicle/Equipment				
Exposure Limitations (Indicate Below)				
Heat Stress Cold Other:				
Fumes Noise Dust				

5. Detailed Prognosis _____

6. Date of examination: _____ Date of next appointment: _____
(If applicable)

7. Has employee been provided a copy of this completed form? Yes No Date Provided: _____

8. _____
Physician's Name (PRINT) / Signature Phone Number