



8722 Loch Raven Blvd.
Towson, MD 21286
410-494-2000

Physician's Evaluation

An important aspect of our company's Return-to-Work Program is returning an injured employee to work as soon as medically able after the date of injury. Please provide the following information so that we can best determine the physical limitations of the employee and, if necessary, place the employee in a suitable temporary modified job.

Employer/Injured Employee Information (To be completed by the employer prior to the physician's office visit)

Employer: _____ Contact Person: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Employers phone number: (____) _____ - _____ Insurance Carrier: Injured Workers' Insurance Fund
 Name of Injured Employee: _____ Employee SSN _____ - _____ - _____
 Employee phone number: (____) _____ - _____ Date of Injury: ____/____/____ Claim # _____
 Occupation: _____ Type of Injury: _____

Physicians Evaluation (To be completed by the physician)

Diagnosis: _____

Treatment: _____

Patient is able to lift: Please check the exact degree of work you feel this patient is capable of performing. U.S. Dept. of Labor classifies five degrees of work in terms of lifting requirements.

- ___ **Sedentary Work:** Lifting 10 pounds maximum and occasionally lifting and/or carrying small articles and occasional walking and standing.
- ___ **Light Work:** Lifting 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds. It involves sitting most of the time with a degree of pushing/pulling of arm and/or leg controls.
- ___ **Medium Work:** Lifting 50 pounds maximum with frequent lifting and/or carrying of objects up to 25 pounds.
- ___ **Heavy Work:** Lifting 100 pounds maximum with frequent lifting and/or carrying of objects no more than 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.

In an eight hour day, patient is able to perform at the following level:

		Occasionally = <33% per day	Frequently + 33%-66% per day	Constantly = >66% per day
Stand	___ Not at all	___ Occasionally	___ Frequently	___ Constantly
Walk	___ Not at all	___ Occasionally	___ Frequently	___ Constantly
Sit	___ Not at all	___ Occasionally	___ Frequently	___ Constantly
Drive	___ Not at all	___ Occasionally	___ Frequently	___ Constantly
Bend	___ Not at all	___ Occasionally	___ Frequently	___ Constantly
Squat	___ Not at all	___ Occasionally	___ Frequently	___ Constantly
Climb	___ Not at all	___ Occasionally	___ Frequently	___ Constantly
Push/Pull ...	___ Not at all	___ Occasionally	___ Frequently	___ Constantly
Grasp	___ Not at all	___ Occasionally	___ Frequently	___ Constantly
Manipulate .	___ Not at all	___ Occasionally	___ Frequently	___ Constantly

Patient can be exposed to:

Unprotected heights ___ Not at all ... ___ Occasionally

Uneven surfaces ___ Not at all ... ___ Occasionally

Marked changes in temperature and humidity ___ Not at all ... ___ Occasionally

The above restrictions are: ___ Permanent ___ Temporary until _____

Can resume **modified** work duties on: _____ Can resume **full (regular) work** duties on: _____

Other restrictions or comments: _____

Medical facility: _____

Address: _____ Phone: _____

Physicians name: _____ Physicians signature: _____ Date: _____

Please fax a copy of this completed evaluation to: _____ @Fax# _____