



San Joaquin County
HUMAN RESOURCES DIVISION

44 N San Joaquin Street, Ste. 330
 Stockton, California 95202
 Phone: 209-468-3370
 Fax: 209-953-7330 - Risk Mgmt

REPORT OF WORK ABILITY

Employee/Patient Name: _____

Today's date: _____

Next appt date: _____

TREATMENT INCLUDES:

- Narcotic analgesic Anti inflammatory meds
 Physical therapy
 Assistive devices (cane, brace, crutches etc.)

Date of Injury: _____

Injury: _____
 i.e. left shoulder, right knee, back

EMPLOYEE IS ABLE TO RETURN TO WORK:

- Regular duty starting on _____
 Modified duty on: _____
Restrictions are: Temporary Permanent
 OFF WORK until _____

TOTAL WORK HOURS PER DAY

- No Restriction
 10 - 12 hours 4 - 6 hours
 7 - 8 hours 1 - 3 hours

Activity Chart for **MODIFIED DUTY** below check **ONLY** those **ACTIVITIES** that are **RESTRICTED**

Employee is able to

LIFT/CARRY _____ lbs.

- Unable Rarely Occasionally
 Frequently Constantly

	8 hr shift	10 hr shift	12 hr shift
Rarely less than 1%	5 minutes or less	10 minutes or less	12 minutes or less
Occasional 1 - 33%	5 minutes to 2.5 hours	10 minutes to 3.3 hours	12 minutes to 4 hours
Frequently 34 - 66%	2.5 hours to 5.25 hours	3.3 hours to 6.6 hours	4 hours to 8 hours
Constantly 67% & above	5.25 hours to 8 hours	6.6 hours to 10 hours	8 hours to 12 hours

Employee is able to

PUSH/PULL _____ lbs.

- Unable Rarely Occasionally
 Frequently Constantly

Activity	Unable	Rarely	Occasional	Frequently	Constant
Drive @ work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Run	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bend/Stoop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Squat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overhead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand: Specify:	<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both				
Grasp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data Entry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
File	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employee is able to:

- Engage in altercations: Yes No
 Engage in takedowns: Yes No
 Wear duty belt: Yes No

Other restrictions/instructions (Specify):

Date: _____

Physician signature _____

Physician Name - Please print _____