



FAX OR SEND COMPLETED COPIES OF THIS REPORT TO:

GAB Robins North America, Inc.
800 Connecticut Boulevard
East Hartford, CT 06108
T: 860-256-3400
F: 860-291-9875

Western Connecticut State University
181 White Street
Danbury, CT 06810
Phone: 203-837-8364 Fax: 203-837-9338
WORKER STATUS REPORT

To Be Completed By Attending Physician

Employee Name (Last) _____ (First) _____ Social Security Number _____ Employer _____
Western Ct State University

Department _____ Facility _____ Unit _____ Address _____

Date of Visit: ___/___/___ Date of Injury: ___/___/___ Claim# _____ (Circle) Initial Visit _____ Follow-up Visit _____

Diagnosis/Condition (Brief Explanation): _____ ICD-9 Code: _____

Evidence of pre-existing condition: Yes No (If yes, explain) _____

Injury/Illness casually related to worker's employment: Yes No

Current Treatment Plan

Based on my assessment and treatment of this injury, I recommend:

- Worker can return to work on ___/___/___ with no limitations.
- Worker can return to modified work on ___/___/___ with the following functional limitations.

1. In a 8 hour workday, worker can stand/walk:

(Hours at one time)

- No restrictions 6-8 4-6 2-4 0-2

(Total hours during day)

- 6-8 4-6 2-4 0-2

2. In an 8-hour workday, worker can sit:

(Hours at one time)

- No restrictions 6-8 4-6 2-4 0-2

(Total hours during day)

- 6-8 4-6 2-4 0-2

3. In an 8-hour workday, worker can drive:

(Hours at one time)

- No restrictions 1-3

(Minutes at one time)

- 30-60 10-30

4. Bend: Not at all Occasionally Frequently

Twist: Not at all Occasionally Frequently

Squat: Not at all Occasionally Frequently

Climb: Not at all Occasionally Frequently

Reach: Not at all Occasionally Frequently

These limitations are in effect until _____

5. Weight Handling Frequency

Number per/hour

	15 or more	10-15	1-10	0
Lift and Carry				
a. less than 10 pounds				
b. 10-20 pounds				
c. 20-50 pounds				
d. 50-100 pounds				
e. over 100 pounds				

6. Use of right hand for repetitive:

- Single grasping Fine manipulation
- Pushing & Pulling

Use of left hand for repetitive:

- Single grasping Fine manipulation
- Pushing & Pulling

7. Use foot/feet for repetitive movement,

such as operating foot controls: Yes No

Other Instructions or Limitations: _____

If on medication, will medication restrict the employee's ability to work safely? Yes No

If yes, explain: _____

Further treatment is needed: Yes No

Follow-up appointment date: _____

He/she may not return to work until reevaluated here on ___/___/___

He/she may return to modified work as shown above and is to be reevaluated by the specialist listed below on ___/___/___.

He/she may not return to work until reevaluated by the specialist listed below on ___/___/___.

Physician name _____ Specialty _____ Appt. date: _____

Non Physician provider name _____ Specialty _____ Appt. date: _____

Provider name (print) _____
Provider location _____
Provider's signature _____
Date _____ License No. _____

AUTHORIZATION TO RELEASE INFORMATION

I hereby consent to the release of the above information to GAB Robins North America, Inc. the payer or the insurance company(if any) responsible for paying my Worker's Compensation claim and my employer.

Injured worker's signature _____

Date: _____