



Landon State Office Building
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 Topeka, KS 66612

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Robert Moser, MD, Secretary
 Andrew Allison, PhD, Director

Sam Brownback, Governor

EMPLOYEE WORK STATUS FORM FOR _____ Date _____

Physician _____ Physician's Contact Person _____

Address _____ Phone Number _____

City/State/Zip _____

Diagnosis _____

Body Part Restricted & Effective Date of Restrictions _____

Follow up appointment _____

Return to Work Date _____

Job Title _____

Brief Description of Job _____

Scheduled Tests/Procedures _____

The individual listed above **may / may not** do the following: **(circle one)** Off work and/or

N – None O – Occasional (0-32%) F-Frequent (33-55%) VF – Very Frequent (66-100%)

	N	O	F	VF
Standing	[]	[]	[]	[]
Walking	[]	[]	[]	[]
Sitting	[]	[]	[]	[]
Lifting Frequency	[]	[]	[]	[]
Carrying Frequency	[]	[]	[]	[]
Bending	[]	[]	[]	[]
Stooping (from waist)	[]	[]	[]	[]
Crouching (bending at knees and waist)	[]	[]	[]	[]
Kneeling(bending at knees)	[]	[]	[]	[]
Twisting	[]	[]	[]	[]
Pushing/pulling	[]	[]	[]	[]

	N	O	F	VF
Reaching above shoulders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fingering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing Stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing Ladders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Balancing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The individual listed above may / may not do the following: **(circle one)**

WEIGHT RESTRICTIONS

Lifting	<input type="checkbox"/> 0-20#	<input type="checkbox"/> 20-50 #	<input type="checkbox"/> 50-75#	<input type="checkbox"/> over 75#
Carrying	<input type="checkbox"/> 0-20 #	<input type="checkbox"/> 20-50 #	<input type="checkbox"/> 50-75#	<input type="checkbox"/> over 75#

Lifting Levels of Height ___ Floor to chair ___ Chair to desk
 ___ Desk to shoulder ___ Shoulder and above

Limitations on Working Surface _____

Driving Restrictions Cars _____ Trucks _____ Other _____

The individual listed above may / may not do the following: **(circle one)**

RESTRICTIONS FROM ENVIRONMENTAL EXPOSURES

Indoors _____ Outdoors _____
 Temperature changes _____ Extreme Heat _____ Extreme Cold _____ Humid/wet _____
 Noise Mild _____ Average _____ Extreme _____ Intermittent _____ Constant _____
 Ventilation _____ Fumes _____ Odors _____
 Toxic Exposures _____ Skin Exposures _____

Safety Equipment Required _____

Other Restrictions not noted on this form _____

Physicians Signature _____ **Date** _____