

# Report of Workability Form



MACALESTER

<b>EMPLOYEE:</b>	1. PLEASE HAVE EACH HEALTHCARE CLINICIAN COMPLETE THIS FORM AT EACH VISIT TO THE CLINICIAN 2. PLEASE PROVIDE A COPY OF THE COMPLETED FORM TO YOUR SUPERVISOR AFTER EACH VISIT
<b>CLINICIAN:</b>	PLEASE COMPLETE, SIGN AND FAX THIS FORM TO EMPLOYMENT SERVICES AT 651-696-6612

### EMPLOYEE INFORMATION:

Today's Date: \_\_\_\_\_ Report Completed by: \_\_\_\_\_

Employee Name (First, Last, Middle Initial): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Incident/Injury: \_\_\_\_\_ Time of Incident/Injury: \_\_\_\_\_

- Work Related       Not Work Related       Undetermined  
 Permanent Disability:     Likely                       Not Likely                       Undetermined  
 MN/MMI:                       NO                               YES                              If yes, give date: \_\_\_\_\_

### CLINICAL FINDINGS:

Describe: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Treatment: \_\_\_\_\_

### RETURN TO WORK:

- Return to work with no limitations on \_\_\_\_\_ MO / \_\_\_\_\_ DAY / \_\_\_\_\_ YR  
 Return to work with limitations on \_\_\_\_\_ MO / \_\_\_\_\_ DAY / \_\_\_\_\_ YR through \_\_\_\_\_ MO / \_\_\_\_\_ DAY / \_\_\_\_\_ YR  
 Unable to work from \_\_\_\_\_ MO / \_\_\_\_\_ DAY / \_\_\_\_\_ YR through \_\_\_\_\_ MO / \_\_\_\_\_ DAY / \_\_\_\_\_ YR

### EMPLOYEE'S CAPABILITIES:

	Not at all	Occasional 0-33%	Frequent 34-66%	Continuous 67-100%		Not at all	Occasional 0-33%	Frequent 34-66%	Continuous 67-100%
<b>Lift/Carry</b>									
0-10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11-20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____degrees				
21-50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Twist/Turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51-100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kneel/Squat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Push/Pull</b>					Sit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0-25 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stand/Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26-50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Over Shoulder Reaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51-75 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladder/ Stair Climb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76-100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use of <b>LEFT</b> Hand for grasping, typing, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Drive</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use of <b>RIGHT</b> Hand for grasping, typing, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AVOID the following activities:

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Capabilities Apply To:     Work     Home     Leisure

Comments: \_\_\_\_\_

Return to Clinic on: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Clinician Name (please print): \_\_\_\_\_ Clinic Name: \_\_\_\_\_

Clinician Signature: \_\_\_\_\_ Clinic Address: \_\_\_\_\_

Clinician Phone: \_\_\_\_\_ Clinic Fax: \_\_\_\_\_

**SIGN AND FAX THIS FORM TO MACALESTER COLLEGE EMPLOYMENT SERVICES AT 651-696-6612**