

## Work Status Report

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[Your business letterhead]

\*Sample text to be modified to fit your circumstances and typed on your own letterhead before presenting to the clinic.

Medical Clinic Name & Address

Claim#: \_\_\_\_\_

Injured worker: \_\_\_\_\_

DOI: \_\_\_\_\_

This visit is in connection to a job injury/illness and a return to work note is required. We can provide modified work, if needed.

Is the patient able to return to work? Yes \_\_\_\_ No \_\_\_\_

Full Duty Date: \_\_\_\_\_

Modified Duty

**Restrictions Start Date:** \_\_\_\_\_ **Restrictions End Date:** \_\_\_\_\_

Work Restrictions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of next appointment: \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please reply via email or fax at:* \_\_\_\_\_