Southern OREGON UNIVERSITY

WORK STATUS UPDATE – WORKERS COMPENSATION CLAIMS

TO BE COMPLETED BY TREATING PHYSICIAN OR PRACTITIONER
Provide employee with a copy and fax form to (541) 552-8508

EMPLOYER INFORMATION:
Southern Oregon University- Human Resource Services
Contact: Michele Barlow, HR Leave Programs Coordinator
Fax Form to: (541) 552-8508
Telephone: (541) 552-8119

WC Claim#:_____

Patient Name:	Date/Time Examined:	Date of Injury:

Patient may return to full work duties:	Patient may return to RESTRICTED work duties (see restrictions below)	Patient may NOT return to work until:
Date: _____ DISCHARGED from care ☐ YES ☐ NO	From: _____ To: _____	From: _____ To: _____

TEMPORARY WORK RESTRICTIONS ARE:

☐ Reduced work schedule of _____ hours per day
☐ Protect the injured area from dirt or moisture
☐ No bending, stooping or twisting of back
☐ No kneeling or squatting
☐ No overhead work with (right/left) _____
☐ No use of ladders/foot stools above _____ height
☐ Avoid stairs
☐ Avoid reaching above shoulder level with (right/left) _____
☐ No pushing or pulling more than _____ pounds
☐ Unable to operate a vehicle or machinery (circle)
☐ No lifting over _____ pounds
☐ No standing more than _____ minutes at a time
☐ No sitting more than _____ minutes at a time
☐ No lifting more than _____ pounds overhead
☐ No repetitive motion of _____ for _____ minutes at a time
☐ Should take a short break every ____ minutes, and/or _____hours to change positions for activity _____
☐ Ergonomic evaluation requested
☐ Other restrictions: _____

FOLLOW-UP CARE ☐ Recheck with	☐ Referred to	☐ Physical Therapy Requested
Dr: _____ Date: _____ Time: _____	Dr/Facility: _____ Address: _____ Telephone: _____	Facility: _____ Address: _____ # Sessions per week _____ for _____ weeks.

Physician/Practitioner's Signature:

Address, City, State, Zip: **Phone #: ( )**

INSTRUCTIONS FOR EMPLOYEE AND SUPERVISOR

- Employee – Bring copy to and discuss Work Status Update with Supervisor.
- If restricted work is identified, Employee and Supervisor complete verification below.
- Fax to Human Resource Services (541) 552-8508 or email to barlowm@sou.edu, or deliver to Human Resource Services, Churchill Hall, Room 159.

Are you able to accommodate the employee's work restrictions? ☐ YES - From: _____ Through: _____ ☐ NO - Off work from: _____ Through: _____ If department's assessment determines they are unable to accommodate the above temporary restrictions at this time, contact Human Resource Services immediately at (541) 552-8119.	Supervisor's Signature: _____ Employee's Signature: _____ Employee understands, if the department is able to temporarily accommodate, it is their responsibility to abide by the restrictions and notify their supervisor immediately if an assigned job duty conflicts with their restrictions.