COLORADO DEPARTMENT OF TRANSPORTATION

WORKERS' COMPENSATION - WORK STATUS REPORT

Press firmly or type

Employee's Section (return the white & canary copies of this report to your supervisor)

Employee's name (print)	Injury date	SSN#
Physician's name (print)	Physician's phone number	Workers' comp claim # (if known)
Physician's address (print)		

Medical services requested

❑ Injury treatment
❑ Follow up treatment

} with: ❑ Designated physician ❑ Designated physician referral ❑ Physical therapy ❑ other:

Are you currently working:

❑ No ❑ Yes, if yes: ❑ Full duty ❑ Modified duty

I authorize this medical facility to release information about this injury or illness to my employer or to my employer's workers' compensation insurance carrier in compliance with the Health Insurance Portability and Accountability Act (HIPAA) Standards for Privacy of Individually Identifiable Health Information under 164.512 (l).

Signature	Date

Physician's section (complete this section - **this section must be filled in* - retain pink copy for your records)

Diagnosis and Treatment Plan

To the best of my knowledge and experience this medical condition is consistent with the injury as described by the employee ❑ Yes ❑ No ❑ Cannot determine

Return to work on approximately: (date)

***Next appointment scheduled:** (date & time)

Work status

❑ return to work with no restrictions
❑ return to work with the following restrictions:
- ❑ No climbing (ladders, racks, etc.)
- ❑ No lifting more than _____ lbs.
- ❑ No driving
- ❑ Keep injury clean and dry
- ❑ No: ❑ walking ❑ standing ❑ sitting more than _____ hours per shift.
- ❑ No: ❑ pushing ❑ pulling over_____ lbs.
- ❑ No reaching: ❑ above chest ❑ over head ❑ away from body
- ❑ Cannot operate the following equipment:
  _____
  _____
  _____
  _____
- ❑ Avoid work environment temperatures greater than _____ or less than_____
- ❑ Other restrictions:
  _____
  _____

Additional comments:

Physician's signature	Date

White - Risk Management
Canary - Supervisor
Pink - Employee
Goldenrod - Physician

Previous editions are obsolete and may not be used

CDOT Form #628 6/03

CONFIDENTIAL/Workers' Compensation Medical Records