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| Human Resources  4220 80th Street NE; Marysville, WA 98270  Fax: 360-965-0079 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **MEDICAL CERTIFICATION FOR EMPLOYEE LEAVE OF ABSENCE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **GENERAL INFO** | Employee’s Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Healthcare Provider’s Name: | | | | | | | | | | Provider’s Phone: | | | | | | | | | | | | Provider’s Fax: | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | |
| Visit Date: | | | | Date of Injury: | | | | | | | | Diagnosis: | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | |
| **WORK STATUS** | Employee is not released to any work from (enter dates): \_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee is restricted to modified duty, if available, from (enter dates):  \_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_ (complete modified duty section if selected) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee is released to work without restrictions as of (enter date): \_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **MODIFIED DUTY: Estimate what the employee can do at work** | **Employee can:**  **(blank space = not restricted)** | | | | | | | | | **Never** | | | | | | **Seldom**  **1-10%**  **0-1 hour** | | | **Occasional**  **11-33%**  **1-3 hours** | | | | | **Frequent**  **34-66%**  **3-6 hours** | | | | **Constant**  **67-100%**  **(Not restricted)** | |
| Sit | | | | | | | | |  | | | | | |  | | |  | | | | |  | | | |  | |
| Stand/Walk | | | | | | | | |  | | | | | |  | | |  | | | | |  | | | |  | |
| Perform work from ladder | | | | | | | | |  | | | | | |  | | |  | | | | |  | | | |  | |
| Climb ladder | | | | | | | | |  | | | | | |  | | |  | | | | |  | | | |  | |
| Climb stairs | | | | | | | | |  | | | | | |  | | |  | | | | |  | | | |  | |
| Twist | | | | | | | | |  | | | | | |  | | |  | | | | |  | | | |  | |
| Bend/Stoop | | | | | | | | |  | | | | | |  | | |  | | | | |  | | | |  | |
| Squat/Kneel | | | | | | | | |  | | | | | |  | | |  | | | | |  | | | |  | |
| Crawl | | | | | | | | |  | | | | | |  | | |  | | | | |  | | | |  | |
| Reach | | | | | | **L**eft, **R**ight, **B**oth | | |  | | | | | |  | | |  | | | | |  | | | |  | |
| Work above shoulders | | | | | | **L, R, B** | | |  | | | | | |  | | |  | | | | |  | | | |  | |
| Keyboard | | | | | | **L, R, B** | | |  | | | | | |  | | |  | | | | |  | | | |  | |
| Wrist (flexion/extension) | | | | | | **L, R, B** | | |  | | | | | |  | | |  | | | | |  | | | |  | |
| Grasp (forceful) | | | | | | **L, R, B** | | |  | | | | | |  | | |  | | | | |  | | | |  | |
| Fine manipulation | | | | | | **L, R, B** | | |  | | | | | |  | | |  | | | | |  | | | |  | |
| Operate foot controls | | | | | | **L, R, B** | | |  | | | | | |  | | |  | | | | |  | | | |  | |
| Vibratory tasks; high impact | | | | | | **L, R, B** | | |  | | | | | |  | | |  | | | | |  | | | |  | |
| Vibratory tasks; low impact | | | | | | **L, R, B** | | |  | | | | | |  | | |  | | | | |  | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Lifting/Pushing** | | | **Never** | | | | **Seldom** | | | | | | **Occas.** | | | | | | | **Frequent** | | | | | **Constant** | | | |
| Lift L, R, B | | | lbs | | | | lbs | | | | | | lbs | | | | | | | lbs | | | | | lbs | | | |
| Carry L, R, B | | | lbs | | | | lbs | | | | | | lbs | | | | | | | lbs | | | | | lbs | | | |
| Push/Pull L, R, B | | | lbs | | | | lbs | | | | | | lbs | | | | | | | lbs | | | | | lbs | | | |
| **Other Restrictions/Instructions:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SIGN** |  | | | | | | | | | |  |  | | | | | | | |  | | | | |  | | | | |
|  | |  | | | | | | | | | | | |  | | |  | | | | | | | | |  | | |
|  | | Physician’s Signature | | | | | | | | | | | |  | | | Date | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **RETURN THIS COMPLETED FORM TO THE HUMAN RESOURCES DEPARTMENT:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | |  | | | | Phone: | | |  | | | | | | | | E-Mail: | | | | |  | | | | | | |  |
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| Title: | |  | | | | Fax: | | |  | | | | | | | |  | | | | |  | | | | | | |  |
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