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| Human Resources4220 80th Street NE; Marysville, WA 98270Fax: 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:  |       |  |
|  |  |  |  |  |  |  |
| Title: |       | Fax:  |       |  |  |  |
|  |  |  |  |  |  |  |