# San Diego Unified School District-**Work Status Form**

Instructions: **Please return this completed form to employee and fax a copy toYork at 714.456-0085**

Employee: _____ Claim Number: _____

Date of Injury: _____ Evaluation date: _____ SDUSD Employee#:_____

*Check one*:

[ ] Employee is unable to work and is TTD.

[ ] Employee is released to return to Regular Work on (date) _____

[ ] Employee is released to Transitional (Modified) Work from (dates) _____ to _____
and is anticipated to return to Regular Work on (date) _____

**Employee is able to perform the following activities:**

| | **No Restrictions** | **Total Hours Per Shift** | **Duration per hour** |
|---|---|---|---|
| **STAND** | | | |
| **WALK** | | | |
| **SIT** | | | |
| **DRIVE** | | | |
| **BEND** | | | |
| **SQUAT** | | | |
| **KNEEL** | | | |
| **CLIMB** | | | |
| **TWIST** | | | |
| **CRAWL** | | | |
| **DOMINANT HAND: RIGHT OR LEFT** | | | |
| **REACH** | | | |
| Right Hand | | | |
| Left Hand | | | |
| Bilaterally | | | |
| Overhead | | | |
| **GRASP** | | | |
| Right Hand | | | |
| Left Hand | | | |
| **FINE MANIPULATION** | | | |
| Right Hand | | | |
| Left Hand | | | |
| Bilaterally | | | |
| **USE KEYBOARD** | | | |
| **PUSH/PULL** | | | |
| Right Hand | | | |
| Left Hand | | | |
| **LIFT_____LBS.** | | | |
| **CARRY_____LBS.** | | | |

I expect that this employee will reach maximum medical improvement status on (date) _____

Next appointment date: _____Other Instructions/restrictions/comments_____

_____

_____ _____
Physician's Signature Date

_____ (_____)_____
Physician's Name (Print) Phone Number