

# CITY OF MADISON MEDICAL STATUS REPORT

This form is to assist The City of Madison place injured workers into suitable work within the limitations prescribed by the Medical Provider

**LIGHT DUTY WORK IN THE CITY OF MADISON IS AVAILABLE FOR MOST CONDITIONS. IT IS ASSIGNED WITH WORK RESTRICTIONS BELOW.**

Worker's Compensation Administrator – WMMIC (608) 246-3336 • FAX: (608) 852-8647

WMMIC Billing Address: CorVel N19W24133 Riverwood Drive, Suite 150, Waukesha, WI 53188 Fax: 866-915-7831 Attn: Bill Review

Today's Date: \_\_\_\_\_

Next physician's appointment:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Next therapy appointment:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

PATIENT'S NAME:

AGENCY/WORK UNIT:

CLINIC OR HOSPITAL NAME:

DATE OF INJURY/ILLNESS:

Diagnosis/Description of Illness/Injury: \_\_\_\_\_

The patient whose name appears in the boxed area was seen for:

- ☐ Treatment of Initial Injury/Illness
- ☐ Follow-Up Care for a Previously Reported Injury/Illness
- ☐ Independent Evaluation/Consultation

The patient is:

- ☐ Discharged from Care
- ☐ Able to Return to Full Work on (Date) \_\_\_\_\_ ☐ Is Working
- ☐ Unable to Work From \_\_\_\_\_ Through \_\_\_\_\_

Because of:

- ☐ Able to Return to Limited Work (Identify Specific Work Limitations/Physical Restrictions Below)  
From \_\_\_\_\_ Through \_\_\_\_\_

## Medication Restrictions:

Prescribed medication

☐ Yes

☐ No

Advised to take over the counter pain medication

☐ Yes

☐ No

Approved to operate equipment/vehicles while taking medication

☐ Yes

☐ No

## Work Limitations: (PLEASE NOTE: These restrictions apply while employee is on duty and off duty.)

- ☐ Restricted Lifting

MAXIMUM WEIGHT IN POUNDS

☐ 10 ☐ 20 ☐ 30 ☐ 40 ☐ 50

- ☐ Pushing, Pulling

MAXIMUM WEIGHT IN POUNDS

☐ 10 ☐ 20 ☐ 30 ☐ 40 ☐ 50

- ☐ Restricted Bending

MAXIMUM NO TIMES PER HOUR

☐ 0-2 ☐ 2-6 ☐ 6-10 ☐ 10-20

DEGREE OF BEND

☐ 10-20 ☐ 20-45 ☐ Full

- ☐ To Keep Wound Clean & Dry

- ☐ Right Hand Work Only

- ☐ No Repetitive Motions

- ☐ No Climbing or Overhead Work

- ☐ Left Hand Work Only

- ☐ 1. Hand Grasp

- ☐ No Operation of Vehicles/Moving Equipment

- ☐ Sitting Job Only

- ☐ 2. Wrist Motion

- ☐ Other: \_\_\_\_\_

- ☐ 3. Elbow Flexion

- ☐ 4. Foot Controls

Explain Restrictions: \_\_\_\_\_

PROVIDER'S PRINTED NAME

PROVIDER'S SIGNATURE