



STATE OF MISSOURI
OFFICE OF ADMINISTRATION
EARLY RETURN TO WORK - PHYSICAL ASSESSMENT

CENTRAL ACCIDENT REPORTING OFFICE (CARO)
P.O. BOX 809
JEFFERSON CITY, MO 65102
573/751-2837 FAX: 573/751-5262
1-888-622-7694

TO
The Treating Physician

The State of Missouri is committed to returning injured employees back to work as soon as possible. Please complete this form to assist us in accommodating any temporary modified duty restrictions. We ask that you be specific on this information based on medical findings. An alternative form may be used if it provides the same information.

PATIENT NAME

EMPLOYER/AGENCY	DATE OF INJURY	DATE OF APPOINTMENT
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PATIENT IS EXPECTED TO RETURN TO FULL DUTY ON	PATIENT IS ON MODIFIED DUTY UNTIL
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WITH THE FOLLOWING RESTRICTIONS: IN AN 8 HOUR DAY, THE EMPLOYEE CAN:

Stand	<input type="checkbox"/> 1-3 hrs	<input type="checkbox"/> 3-5 hrs	<input type="checkbox"/> 5-8 hrs
Walk	<input type="checkbox"/> 1-3 hrs	<input type="checkbox"/> 3-5 hrs	<input type="checkbox"/> 5-8 hrs
Sit	<input type="checkbox"/> 1-3 hrs	<input type="checkbox"/> 3-5 hrs	<input type="checkbox"/> 5-8 hrs
Lift	<input type="checkbox"/> Up to 10 lbs.	<input type="checkbox"/> 10-20 lbs	<input type="checkbox"/> 20-50 lbs
			<input type="checkbox"/> Above 50 lbs

EMPLOYEE IS ABLE TO:

Lift	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Not at all
Bend	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Not at all
Carry	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Not at all
Climb	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Not at all
Kneel	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Not at all
Push/Pull	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Not at all

HANDS/WRISTS:

Typing/Keying	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Not at all
File Handling	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Not at all
Pushing/Pulling	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Not at all
Simple Grasping	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Not at all
Fine Manipulation	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Not at all

Reach above Shoulders Yes No
 Can safely drive or operate equipment or machinery Yes No
 Maximum number of hours per day employee can work: 2 4 6 8
 Cannot exceed _____ hours per week

OTHER RESTRICTIONS: (PLEASE BE SPECIFIC)

DATE OF NEXT APPOINTMENT

PHYSICIAN SIGNATURE	DATE
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Complete and Return to:
 State of Missouri
 Central Accident Reporting Office
 P.O. Box 809
 Jefferson City, MO 65102
Questions: 1-888-622-7694 or (573) 751-2837
 FAX: (573) 751-5262