

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) 245-6891 • FAX: (608) 852-8647
WMMIC Billing Address: 4785 Hayes Road, Suite 200, Madison, WI 53704

Today's Date: _____

Next physician's appointment:

Date: _____ Time: _____

Next therapy appointment:

Date: _____ Time: _____

PATIENT'S NAME:

CLINIC OR HOSPITAL NAME:

DATE OF INJURY/ILLNESS:

Diagnosis: _____

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 (See Work Limitations Below)
From _____ Through _____

Work Limitations:

- Restricted Lifting
- 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

- To Keep Wound Clean & Dry
- No Climbing or Overhead Work
- No Operation of Moving Equipment
- Other: _____

- Right Hand Work Only
- Left Hand Work Only
- Sitting Job Only

DEGREE OF BEND

10-20 20-45 Full

- No Repetitive Motions
 - 1. Hand Grasp
 - 2. Wrist Motion
 - 3. Elbow Flexion
 - 4. Foot Controls

Comments: _____