Mobile County PUBLIC SCHOOLS

HS-004

JOB-RELATED INJURY PROGRAM PHYSICIAN STATEMENT

1. Name of Injured Employee (please type or print) (Last) (First) (MI)	2. Social Security Number	3. Date of Birth	4. Sex ____M ____F
5. Home Address	6. Telephone Number Home ( ) Work ( )	7. Job Title	8. Status ____ Full Time ____ Part Time ____ Contract
9. Treating Physician	10. Agency Address: MOBILE COUNTY PUBLIC SCHOOL SYSTEM P O Box 180069 Mobile, AL 36618		
11. Date of Injury Date Treated	12. Is there a reasonable expectation that employee will be able to return to work _____Y _____ N	13. If "yes" on item 12, give the date or approximate date of return	

Diagnosis and Probable Cause:

Treatment Ordered

Follow Up Treatment

14. If the employee can return to work, are there any restrictions on the employee's duties? YES NO

LIGHT DUTY RESTRICTIONS:

Lifting/Carrying	None Allowed	Maximum Pounds Allowed	_____
Standing, Sitting, Walking	None Allowed	Maximum Hours or % Allowed	_____
Bending, Stooping, Twisting	None Allowed	Maximum Hours or % Allowed	_____
Squatting, Kneeling	None Allowed	Maximum Hours or % Allowed	_____
Pushing, Pulling	None Allowed	Maximum Hours or % Allowed	_____
Climbing	None Allowed	Maximum Hours or % Allowed	_____
Reaching	None Allowed	Maximum Hours or % Allowed	_____
Use Of Upper Extremities	None Allowed	Maximum Hours or % Allowed	_____
Driving	None Allowed	Maximum Hours or % Allowed	_____
Environmental Exposure Heat Cold Moisture		Maximum Hours or % Allowed	_____

Other:

Beginning Date _____ Until _____

15. If "no" on item 12, give details for employee not being able to return to work

16.

Signature of Attending Physician	Print Name	Telephone Number	Date
_____	_____	_____	_____

The need for the information in the physician's statement is authorized by our employee and your statements will be strictly confidential. Please fax this Physician Statement the day of treatment to 251-221-6237. If faxing is unavailable, please give this form to the patient to forward to the Employee Relations Supervisor. Please call the MCPSS Employee Relations Department at 251-221-4531 if you have any questions.