



San Joaquin County  
**HUMAN RESOURCES DIVISION**

44 N San Joaquin Street, Ste. 330  
 Stockton, California 95202  
 Phone: 209-468-3370  
 Fax: 209-953-7330 - Risk Mgmt

**REPORT OF WORK ABILITY**

Employee/Patient Name: \_\_\_\_\_

Today's date: \_\_\_\_\_

Next appt date: \_\_\_\_\_

**TREATMENT INCLUDES:**

- Narcotic analgesic       Anti inflammatory meds  
 Physical therapy  
 Assistive devices (cane, brace, crutches etc.)

Date of Injury: \_\_\_\_\_

Injury: \_\_\_\_\_  
 i.e. left shoulder, right knee, back

**EMPLOYEE IS ABLE TO RETURN TO WORK:**

- Regular duty starting on \_\_\_\_\_  
 Modified duty on: \_\_\_\_\_  
**Restrictions are:**  Temporary     Permanent  
 OFF WORK until \_\_\_\_\_

**TOTAL WORK HOURS PER DAY**

- No Restriction  
 10 - 12 hours       4 - 6 hours  
 7 - 8 hours       1 - 3 hours

Activity Chart for **MODIFIED DUTY** below  check **ONLY** those **ACTIVITIES** that are **RESTRICTED**

**Employee is able to**

LIFT/CARRY \_\_\_\_\_ lbs.

- Unable     Rarely     Occasionally  
 Frequently     Constantly

	8 hr shift	10 hr shift	12 hr shift
Rarely less than 1%	5 minutes or less	10 minutes or less	12 minutes or less
Occasional 1 - 33%	5 minutes to 2.5 hours	10 minutes to 3.3 hours	12 minutes to 4 hours
Frequently 34 - 66%	2.5 hours to 5.25 hours	3.3 hours to 6.6 hours	4 hours to 8 hours
Constantly 67% & above	5.25 hours to 8 hours	6.6 hours to 10 hours	8 hours to 12 hours

**Employee is able to**

PUSH/PULL \_\_\_\_\_ lbs.

- Unable     Rarely     Occasionally  
 Frequently     Constantly

Activity	Unable	Rarely	Occasional	Frequently	Constant
Drive @ work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Run	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bend/Stoop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Squat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overhead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand: Specify:	<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both				
Grasp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data Entry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
File	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Employee is able to:**

- Engage in altercations:  Yes     No  
 Engage in takedowns:  Yes     No  
 Wear duty belt:  Yes     No

Other restrictions/instructions (Specify):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

\_\_\_\_\_  
 Physician signature

\_\_\_\_\_  
 Physician Name - Please print