

Duty Status Report

U.S. Department of Labor Office of Workers' Compensation Programs



This form is provided for the purpose of obtaining a duty status report for the employee named below. This request does not constitute authorization for payment of medical expense by the Department of Labor, nor does it invalidate any previous authorization issued in this case. This request for information is authorized by law (5 USC 8101 et seq.) and is required to obtain or retain a benefit. Information collected will be handled and stored in compliance with the Freedom of Information Act, the Privacy Act of 1974 and the OMB Cir. A-108. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

OMB No. 1240-0046
Expires: 10-31-2014

OWCP File Number
(if known)

SIDE A - Supervisor: Complete this side and refer to physician

SIDE B - Physician: Complete this side

1. Employee's Name (Last, first, middle)
2. Date of Injury (Month, day, yr.) 3. Social Security No.
4. Occupation
5. Describe How the Injury Occurred and State Parts of the Body Affected

8. Does the History of Injury Given to You by the Employee Correspond to that Shown in Item 5? Yes No (If not, describe)
9. Description of Clinical Findings

6. The Employee Works
Hours Per Day 8.00 Days Per Week 5.00
7. Specify the Usual Work Requirements of the Employee. Check Whether Employee Performs These Tasks or is Exposed Continuously or Intermittently, and Give Number of Hours.

10. Diagnosis Due to Injury 11. Other Disabling Conditions
12. Employee Advised to Resume Work? Yes, Date Advised _____ No
13. Employee Able to Perform Regular Work Described on Side A? Yes, If so Full-Time or Part-Time _____ Hrs Per Day No, If not, complete below:

Activity	Continuous		Intermittent	Continuous		Intermittent	Hrs Per Day
	#lbs.	#lbs.		#lbs.	#lbs.		
a. Lifting/Carrying: State Max Wt.	35.00	70.00	7.00 Hrs Per Day				Hrs Per Day
b. Sitting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8.00 Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>		Hrs Per Day
c. Standing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4.00 Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>		Hrs Per Day
d. Walking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8.00 Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>		Hrs Per Day
e. Climbing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2.00 Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>		Hrs Per Day
f. Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	0.00 Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>		Hrs Per Day
g. Bending/Stooping	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1.00 Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>		Hrs Per Day
h. Twisting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4.00 Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>		Hrs Per Day
i. Pulling/Pushing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8.00 Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>		Hrs Per Day
j. Simple Grasping	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8.00 Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>		Hrs Per Day
k. Fine Manipulation (includes keyboarding)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8.00 Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>		Hrs Per Day
l. Reaching above Shoulder	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2.00 Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>		Hrs Per Day
m. Driving a Vehicle (Specify)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6.00 Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>		Hrs Per Day
n. Operating Machinery (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	0.00 Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>		Hrs Per Day
o. Temp. Extremes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	range in degrees F	<input type="checkbox"/>	<input type="checkbox"/>		range in degrees F
p. High Humidity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>		Hrs Per Day
q. Chemicals, Solvents, etc. (Identify)	<input type="checkbox"/>	<input type="checkbox"/>	0.00 Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>		Hrs Per Day
r. Fumes/Dust (Identify)	<input type="checkbox"/>	<input type="checkbox"/>	0.00 Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>		Hrs Per Day
s. Noise (Give dBA)	<input type="checkbox"/>	<input type="checkbox"/>	0.00 dBA Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>		dBA Hrs Per Day

t. Other (Describe)
Outside delivery work

14. Are Interpersonal Relations Affected Because of a Neuropsychiatric Condition? (e.g. Ability to Give or Take Supervision, Meet Deadlines, etc.) Yes No (Describe)

15. Date of Examination 16. Date of Next Appointment
17. Specialty 18. Tax Identification Number
19. Physician's Signature 20. Date