

**ARIZONA DEPARTMENT OF CORRECTIONS**

**Health Status Report**

**HEALTH CARE PROVIDER:** *Please complete this Health Status Report . We may be able to place this employee in a temporary modified duty assignment. Upon receipt of the report and based upon your assessment, we will begin the process of determining the appropriate assignment. This report need only address the issue presented. If you have any questions, please contact:*

Employee's Name	Employee Identification Number	Date
Job Title	Work Location	
Date Injury/Illness Began	Is this an Industrial Injury? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Nature of Condition*	Prognosis*	
Estimated Date of Recovery	Date of Next Appointment	

**WORK STATUS:**

May work full duty with no restrictions starting on: \_\_\_\_\_

**May work modified light duty starting on \_\_\_\_\_ approximately how long?\*** \_\_\_\_\_

**May work \_\_\_\_\_ hours/day starting on \_\_\_\_\_ approximately how long?\*** \_\_\_\_\_

Off work, starting on \_\_\_\_\_ approximately how long? \_\_\_\_\_

Discharged

Restrictions are permanent/no improvement expected

**EMPLOYEE'S FUNCTIONAL CAPACITY:** *(Check only those that apply)*

<input type="checkbox"/> No lifting, No pushing, No pulling, No running	<input type="checkbox"/> Workday Capacity
<input type="checkbox"/> No lifting over _____ pounds	Can sit _____ hours/day
<input type="checkbox"/> No repetitive bending/twisting	Can stand _____ hours/day
Body Part _____	Can walk _____ hours/day
<input type="checkbox"/> No repetitive motion to injured part <i>(i.e., leg, arm)</i> _____	<input type="checkbox"/> Can Work Overtime _____ hours/day
<input type="checkbox"/> No climbing _____ ladders _____ stairs	<input type="checkbox"/> Cannot Work Overtime
<input type="checkbox"/> No inmate control/intervention activities	<input type="checkbox"/> Visual Limitations <i>(What is the limitation)</i> _____
<input type="checkbox"/> No operation of a motor vehicle	<input type="checkbox"/> Psychological Limitations <i>(What is the limitation)</i> _____
<input type="checkbox"/> No operation of hazardous equipment	<input type="checkbox"/> Environmental Limitations <i>(What is the limitation)</i> _____
<input type="checkbox"/> No work reaching above the shoulder	

Comments

Provider's Signature	Date	
Provider's Name <i>(Please Print)</i>	Address	Telephone No.

\* - Required; must be completed