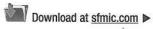
WORK ABILITY and RETURN-TO-WORK





Send itemized medical billings and records to:

CorVel Corporation, MedCheck 3001 NE Broadway Street, Suite 620

	1001 -0 03			_	S	end this completed form with the employe	ee.	Minneapolis, MN	55413
EMPLOYEE									DATE OF BIRTH
EMPLOYER				5.79					DATE OF INJURY/ILLNESS
									DATE OF INCOMMEDICAGE
DIAGNOSIS									ICD-9 CODE
									ICD-9 CODE
History and findings:									
Work related injury/illness? ☐ No ☐ Yes ☐ To be determined									
Any pre-existing conditions affecting this injury/illness?									
Permanent partial disability? No Yes,%									
Maximum Medical Improvement reached? No Yes, date reached									
RETURN TO WORK									
Return to work with <i>no limitations</i> on//									
☐ Return to work <i>with limitations</i> on/through/									
MO DAY YR MO DAY YR									
Unable to work from / / / through / / / / MO DAY YR MO DAY YR									
EMPLOYEE'S CAP	ABIL	ITIES				(1) 10 10 10 10 10 10 10 10 10 10 10 10 10	新新教育	THE REPORT OF	
BODY PART AFFECT	TED:	\square N	eck	☐ Uppe	r back	☐ Lower back ☐ Shoulder ☐ Elbow	☐ Wrist	☐ Hand ☐ Leg	☐ Knee ☐ Ankle ☐ Foot
		□ 0	ther						
OIDE AFFECT				7					
SIDE AFFECT	ED:	LJ Le	eft L	Right	☐ Both			T.	
	144040		Occa-	Fre-	Contin-	Hand, wrist and shoulder activities	- o :	Comments	
	Not at all	Rare	sional 0-33%	quent 34-66%	uous 67-100%	Not sional q	Fre- Contin- uent uous -66% 67-100%		
Lift/Carry	_		_			at all Rare 0-33% 34 Avoid prolonged, repetitive or forceful:	-66% 67-100%		
0-9 lbs							0 0		12.11.22
10-19 lbs 20-29 lbs						Repetitive			
30-39 lbs						Contract Con			
40-49 lbs						Reaching:			
No lift from floor									
	207E4		166	u	_ ibw	At shoulder height □ □ □		Samour	***
Push/Pull without			3			Below shoulder			
0-19 lbs						Restrictions (circle):			
20-40 lbs > 40 lbs						Keyboarding (hrs/shift) 0 1-2 3-4	5-6 7		
Bend						Writing (hrs/shift) 0 1-2 3-4			
Twist/turn						Total spread out evenly over shift at			
Kneel/squat									
Sit						Change positions every ☐ As needed			
Stand/walk						☐ Half hour			
Ladder/stair climb						☐ One hour			
	10000		1700	-		☐ Two hours			
						☐ Worksite stretches, i.e., per handout			
						□ Exercises □ Other			
INSTRUCTIONS						· · · · · · · · · · · · · · · · · · ·	(SOUTH SE	A TOTAL PROPERTY.	《中国教授》中国共享的
	n and	d dry.	Change	e dressin	g every_				
☐ Medication									
☐ Icem									
□ Splint/brace									
Follow-up appoin	ntmo	nt co	hedul	ed for					
87 627				11					
THIS TREATMENT I				USSED	WITH TH	IE EMPLOYEE			
HEALTH CARE PROVIDER	r SIGN	IATURE					LICENSE/REG	IS.#	DATE OF EXAM
HEALTH CARE PROVIDER SIGNATURE									