

Independent School District #535 615 7th St SW - Rochester, Minnesota 55902 HR Department - Telephone (507) 328-4251 - FAX (507) 328-4206

te of Injury/Event: Next Exam Date:	above-named employee is to FULL DUTY Transitional Work be adhered to at work Work FULL-TIM Employee car Lift /Carry Push /Pull Stand/walk Stoop/Bend at Waist	under my care. If, usual job, no restriction	release him/h restrictions, a pwing Work ntil their nex < PART-TIME	er to return to value of: Restrictions/ At appointme only: ctions: (plea	vork as speci Capacities, nt on	fied below: , as of(date).	(date.) (date), t
Transitional Work - with the following Work Restrictions/Capacities, as of	Transitional Work be adhered to at work Work FULL-TIM Employee car Lift /Carry Push /Pull Stand/walk Stoop/Bend at Waist	under my care. I , usual job, no restriction under my care. I , usual job, no restriction under my care. I let and at home under the safely perfores the safely p	release him/h restrictions, a pwing Work ntil their nex PART-TIME	er to return to value of: Restrictions/ At appointme Conly: Ctions: (plea	vork as speci Capacities, nt on	fied below: , as of(date).	(date.) (date), t days per we
□ FULL DUTY, usual job, no restrictions, as of:	☐ FULL DUTY ☐ Transitional Work be adhered to at work ☐ Work FULL-TIM ☐ Employee car ☐ Lift /Carry ☐ Push /Pull ☐ Stand/walk ☐ Stoop/Bend at Waist	with the folloging and at home under the safely perform No restriction	restrictions, a wing Work ntil their nex PART-TIME m these fun	Restrictions/ t appointme only: ctions: (plea	Capacities, nt on	, as of(date).	(date), t
□ Transitional Work - with the following Work Restrictions/Capacities, as of	Transitional Work be adhered to at work Work FULL-TIM Employee car Lift /Carry Push /Pull Stand/walk Stoop/Bend at Waist	x - with the followand at home under the control of	owing Work ntil their nex < PART-TIME m these fun	Restrictions/ at appointme only: ctions: (plea	Capacities, nt on _hours per o	, as of (date). day,	(date), t
be adhered to at work and at home until their next appointment on	be adhered to at work Work FULL-TIM Employee car Lift /Carry Push /Pull Stand/walk Stoop/Bend at Waist	and at home u IE;Work n safely perfor No restriction	ntil their nex PART-TIME m these fun	tt appointme only: ctions: (plea	nt on	(date). day, (days per we
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Lift /Carry No restriction Up to 5 lbs 10 lbs 25 lbs 50 lbs Not at all Push /Pull No restriction Up to 5 lbs 10 lbs 25 lbs 50 lbs Not at all Stand/walk No restriction Frequently Occasionally Not at all Stoop/Bend at Waist No restriction Frequently Occasionally Not at all No restriction Frequently Occasionally Not at all No restriction Frequently Occasionally Not at all Sit No restriction Frequently Occasionally Not at all Other No restriction Frequently Occasionally Not at all Other No restriction Frequ	Lift /Carry Push /Pull Stand/walk Stoop/Bend at Waist	No restriction			ase check e	very item be	elow)
No restriction Up to 5 lbs 10 lbs 25 lbs 50 lbs Not at all	Push /Pull Stand/walk Stoop/Bend at Waist		Up to 5 lbs	10 lbs			,
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Stand/walk Stoop/Bend at Waist No restriction No restriction Frequently Occasionally Not at all Other No restriction Frequently Occasionally Not at all Frequently Occasionally Not at all No restriction Frequently Occasionally Not at all Frequently Occasionally Not at all Frequently Occasionally Not at all Orive (to work / while at work (Circle one or both.)	Stoop/Bend at Waist	No restriction					
Stoop/Bend at Waist Kneel/Squat No restriction No restriction Frequently Occasionally Not at all Nor restriction Frequently Occasionally Nor at all Nor at all	·		Up to 5 lbs	10 lbs	25 lbs	50 lbs	Not at all
No restriction Frequently Occasionally Not at all	·			No restriction	Frequently	Occasionally	Not at all
No restriction Frequently Occasionally Not at all	L Knool/Cauch			No restriction	Frequently	Occasionally	Not at all
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Sit No restriction Frequently Occasionally Not at all Other No restriction Frequently Occasionally Not at all No restriction Frequently Occasionally Not at all No restriction Frequently Occasionally Not at all Occasionally Not at all Frequently Occasionally Not at all Occasionally Not at all Occasionally Not at all Frequently Occasionally Not at all Occasionally Not at all Frequently Occasionally Not at all Occasionally Not at all Occasionally Not at all Frequently Occasionally Not at all	Climb						
Other No restriction Frequently Occasionally Not at all Reach Above Shoulder with Left arm/right Arm (circle one or both) Repetitive use of Left hand/ right hand (circle one or both) Keyboard/mouse No restriction Frequently Occasionally Not at all	Sit						
Reach Above Shoulder with Left arm/right Arm (circle one or both) Repetitive use of Left hand/ right hand (circle one or both) Keyboard/mouse No restriction No restriction Frequently Occasionally Not at all	Other						
(circle one or both) Repetitive use of Left hand/ right hand No restriction (circle one or both) Frequently Keyboard/mouse No restriction Drive No restriction (to work / while at work No restriction (Circle one or both.) Frequently Occasionally Not at all	Reach Above Shoulder with			No restriction	Frequently	Occasionally	Not at all
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Drive (to work / while at work (Circle one or both.) No restriction Frequently Occasionally Not at all No restriction Frequently Occasionally Not at all	Left hand/ right hand			No restriction	Frequently	Occasionally	Not at all
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omments:	(to work / while at work			No restriction	Frequently	Occasionally	Not at all
	commute is medically con	traindicated (wi	ill worsen co	ndition or dela	y recovery)		
commute is medically contraindicated (will worsen condition or delay recovery)	plain (please do not includ	le medical diagi	noses):				
commute is medically contraindicated (will worsen condition or delay recovery) cplain (please do not include medical diagnoses):							