

Work Status Report

*Sample text to be modified to fit your circumstances and typed on your own letterhead.

[Your business letterhead]

Medical Clinic Name & Address

Claim#: _____

Injured worker: _____

Injury date: _____

This visit is in connection with a job injury/illness and a return to work note is required. We are open to providing light duty work, if needed.

Is the patient able to return to work? Yes ____ No ____

☐ Full Duty Start Date: _____

☐ Light Duty

Restrictions Start Date: _____

Restrictions End Date: _____

Work Restrictions: _____

Date of next appointment: _____

Physician's signature: _____ **Date:** _____

Please reply via email or fax at: _____