

# WORKERS' COMPENSATION AUTHORIZATION FOR MEDICAL TREATMENT PHYSICIANS / EMERGENCY TREATMENT FIRST REPORT

To facilitate payment of charges incurred in providing emergency medical services to a \_\_\_\_\_, upon completion of initial treatment, this form **must** be completed by medical provider and given to treated employee for return to \_\_\_\_\_.

It is the philosophy of \_\_\_\_\_ to maintain employees in a productive work situation, if feasible, after a work related injury. On a temporary basis we can place an employee in a modified work assignment, should the employee's injury prevent a full duty return to their original position. Therefore, \_\_\_\_\_ needs a statement on the physical capabilities of the employee to return to original job, or to a job with temporary modifications.

RE: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Name of Employee) (Date of Injury)

Authorized by: \_\_\_\_\_, Company \_\_\_\_\_

Employee Signature for Release of information to above Employer \_\_\_\_\_

## PHYSICIAN REPORT

The above patient was seen for:

- Diagnosis / Problem Description
- Minor medical care; no follow up needed.
  - Able to return to work immediately
  - Able to return to work on \_\_\_\_ / \_\_\_\_ / \_\_\_\_
  - Return for follow up care on \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PHYSICAL LIMITATIONS (if any) UNTIL (date) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Employee Can Lift & Carry	Never	Occasional	Frequently	Continuous
Up to 10 lbs.				
15 - 35 lbs.				
35 - 50 lbs.				
50 - 75 lbs.				
75 - 100 lbs.				
<i>Reach above shoulder level</i>				
<i>Push / Pull</i>				
<i>Bend / Stoop / Crouch</i>				
<i>Squat / Kneel</i>				
<i>Sit / Stand</i>				
<i>Operate Motorized Equip.</i>				
<i>Repetitive Motion of Hand / Wrist / Elbow</i>				

\_\_\_\_\_  
Clinic or Medical Facility

\_\_\_\_\_  
PHYSICIAN - PA - RN SIGNATURE

\_\_\_\_\_  
DATE

Revised: 12/17/08