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| *Return form to:* | | | | **Sara Wassam, Safety Specialist**  **Oregon Military Department**  **sara.wassam@omd.oregon.gov**  **Confidential Fax: 971-355-3988**  **Desk Phone: 971-355-3986** | | | | | | | | | | | | | | | | | | | | | | | | | | | | **RETURN-TO-WORK STATUS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Worker’s name: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Claim number (if known): | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Next scheduled appointment date: | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Is the worker expected to materially improve from medical treatment or the passage of time?**  **Yes**  **No** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **WORK STATUS** *(Select one option)* | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **OPTION 1 – Released to Regular Work** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Status from (date): | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | |
|  | Released to the ***hours routinely worked and*** ***tasks routinely performed in the job held at the time of injury.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **OPTION 2 – Not Released to Work** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Status from (date): | | | | | | | | | | |  | | | | | | | | to: | | | |  | | | | | | |  | |
|  | The worker is ***not capable of performing any work activities***. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **OPTION 3 – Released to Modified Work** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Status from (date): | | | | | | | | | | |  | | | | | | | | to: | | | |  | | | | | | |  | |
|  | Released to work, ***subject to the following work restrictions (note only those that are applicable):*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Total work hours:** | | | | | | | | | | |  | | | | | | hours/day | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Lift/carry/push/pull restrictions** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | ***One-time*** | | | | | | | | | | | ***≤ 1/3 of workday*** | | | | | | | | | | | | | ***1/3-2/3 of workday*** | | | | | | | | | | | ***≥ 2/3 of workday*** | | | | | | | | | | | ***Duration*** | | | | | | | | | | | | | | | |
|  | ***Lift:*** | | |  |  | | | | pounds | | | | | |  |  | | | | pounds | | | | | | | |  |  | | | | pounds | | | | | |  |  | | | pounds | | | | | | |  |  | | | | hrs./day | | | | |  | | | hrs./one time | | |
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|  | ***Carry:*** | | |  |  | | | | pounds | | | | | |  |  | | | | pounds | | | | | | | |  |  | | | | pounds | | | | | |  |  | | | pounds | | | | | | |  |  | | | | hrs./day | | | | |  | | | hrs./one time | | |
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|  | ***Push:*** | | |  |  | | | | pounds | | | | | |  |  | | | | pounds | | | | | | | |  |  | | | | pounds | | | | | |  |  | | | pounds | | | | | | |  |  | | | | hrs./day | | | | |  | | | hrs./one time | | |
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|  | ***Pull:*** | | |  |  | | | | pounds | | | | | |  |  | | | | pounds | | | | | | | |  |  | | | | pounds | | | | | |  |  | | | pounds | | | | | | |  |  | | | | hrs./day | | | | |  | | | hrs./one time | | |
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|  | **Activity restrictions** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | ***Stand:*** | |  | | | hrs./day | | | |  | | | hrs./one time | | | | | | | | | |  | ***Twist:*** | | |  | | | hrs./day | | | | | |  | hrs./one time | | | | | | |  | | ***Crawl:*** | | | | |  | | | hrs./day | | | | |  | | | hrs./one time | | | |
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|  | ***Walk:*** | |  | | | hrs./day | | | |  | | | hrs./one time | | | | | | | | | |  | ***Climb:*** | | |  | | | hrs./day | | | | | |  | hrs./one time | | | | | | |  | | ***Crouch:*** | | | | |  | | | hrs./day | | | | |  | | | hrs./one time | | | |
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|  | ***Sit:*** | |  | | | hrs./day | | | |  | | | hrs./one time | | | | | | | | | |  | ***Bend:*** | | |  | | | hrs./day | | | | | |  | hrs./one time | | | | | | |  | | ***Balance:*** | | | | |  | | | hrs./day | | | | |  | | | hrs./one time | | | |
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|  | ***Drive:*** | |  | | | hrs./day | | | |  | | | hrs./one time | | | | | | | | | |  | ***Above-  shoulder-  reach:*** | | |  | | | | | | | | |  | | | | | | | |  | | ***Below-  shoulder-  reach:*** | | | | |  | | | | | | | |  | | | | | | |
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|  | ***Kneel:*** | |  | | | hrs./day | | | |  | | | hrs./one time | | | | | | | | | |  |  | | | | hrs./day | | | | |  | | hrs./one time | | | | | |  | |  | | | | hrs./day | | | |  | | | | hrs./one time | | |
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|  | **Hand use restrictions** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | **Foot use restrictions** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | ***Fine actions:*** | | | | | | |  | | | hrs./day L hand | | | | | | | | | | |  | | | hrs./day R hand | | | | | | | | | |  | | | | | | ***Raise:*** | | | | | | |  | hrs./day L foot | | | | | | | | |  | | | hrs./day R foot | | | | |
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|  | ***Keyboarding:*** | | | | | | |  | | | hrs./day L hand | | | | | | | | | | |  | | | hrs./day R hand | | | | | | | | | |  | | | | | | ***Push:*** | | | | | | |  | hrs./day L foot | | | | | | | | |  | | | hrs./day R foot | | | | |
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|  | ***Grasp:*** | | | | | | |  | | | hrs./day L hand | | | | | | | | | | |  | | | hrs./day R hand | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **Notes / other restrictions:** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Medical provider’s signature: | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Date: | | | | | | | | |  | | | | | | | | |  |
| Print medical provider’s name: | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Phone no.: | | | | | | | | |  | | | | | | | | |  |
| 440-3245 (2/16/DCBS/WCD/WEB) | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |