

# Prince George's County Government

## Treating Physician's Duty Status Recommendation

(Please Write Legibly)

### Employee / Patient Information (To Be Completed By Employee)

Employee Name: \_\_\_\_\_ ID #: 1111 \_\_\_\_\_ Preferred Contact #: \_\_\_\_\_

Agency: \_\_\_\_\_ Division: \_\_\_\_\_ Date of Injury/Illness: \_\_\_\_\_

Working Title: \_\_\_\_\_

Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Contact #: \_\_\_\_\_

### Duty Recommendation (To Be Completed By Physician)

**Full Duty** (Patient can perform **ALL** essential work functions.)

Date patient's Full Duty status is to begin: \_\_\_\_\_

**Light Duty** (Patient can only perform **LIMITED** work tasks.) Check all activities patient is **RESTRICTED** from performing.

- |  |   |  |                                      |   |
|--|---|--|--------------------------------------|---|
| <input type="checkbox"/> Use of RUE                | <input type="checkbox"/> Use of LUE   | <input type="checkbox"/> Bending             | <input type="checkbox"/> Walking     | <input type="checkbox"/> Climbing Stairs    |
| <input type="checkbox"/> Sitting                   | <input type="checkbox"/> Standing   | <input type="checkbox"/> Climbing in/out CMV | <input type="checkbox"/> Driving CMV | <input type="checkbox"/> Lifting _____ lbs. |
| <input type="checkbox"/> Safety Sensitive Position | <input type="checkbox"/> Other (Specify other restricted activities): _____ |  |                                      |   |

Date patient's Light Duty Status is to begin: \_\_\_\_\_ Date patient's Light Duty Status is to end: \_\_\_\_\_

**No Duty** (Patient is temporarily totally incapacitated and medically unable to perform **ANY** work functions.)

Date No-Duty Status is to begin: \_\_\_\_\_ Date Patient's No-Duty status is to end: \_\_\_\_\_

Physician's Printed Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Address: \_\_\_\_\_

### Departmental Notification (To Be Completed By Employee's Supervisor)

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_