

Richard M. Siebold, M.D.

LAST NAME: _____ FIRST NAME: _____ MID. _____

Employment at Time of Injury

(IF YOUR EMPLOYMENT IS DIFFERENT THAN THAT OF YOUR INJURY, PLEASE NOTIFY THE FRONT DESK CLERK AND FILL OUT A 2ND FORM)

Co. Name: _____ DOH: _____ Hours: _____ Days: _____

JOB DESCRIPTION (QUICK JOB DESCRIPTION) _____

ESTIMATE NUMBER OF HOURS PERFORMING THE FOLLOWING ACTIVITIES IN YOUR WORK SHIFT:

SITTING: _____ STANDING: _____ WALKING: _____ DIST. WALKED (APPROX.): _____

BENDING: FREQUENTLY - OCCASIONALLY - SELDOM - NEVER
LIFTING: FREQUENTLY - OCCASIONALLY - SELDOM - NEVER

WEIGHT LIFTED AT WORK:

00-05 LBS.	FREQUENTLY - OCCASIONALLY - SELDOM - NEVER
05-10 LBS.	FREQUENTLY - OCCASIONALLY - SELDOM - NEVER
10-20 LBS.	FREQUENTLY - OCCASIONALLY - SELDOM - NEVER
20-30 LBS.	FREQUENTLY - OCCASIONALLY - SELDOM - NEVER
30-40 LBS.	FREQUENTLY - OCCASIONALLY - SELDOM - NEVER
40-50 LBS.	FREQUENTLY - OCCASIONALLY - SELDOM - NEVER
50 + LBS.	FREQUENTLY - OCCASIONALLY - SELDOM - NEVER
MAX WEIGHT: _____ LBS.	FREQUENTLY - OCCASIONALLY - SELDOM - NEVER

CLIMBING STAIRS/LADDERS:	FREQUENTLY - OCCASIONALLY - SELDOM - NEVER
WORKING AT SHOULDER LEVEL:	FREQUENTLY - OCCASIONALLY - SELDOM - NEVER
WORKING ABOVE SHOULDER LEVEL:	FREQUENTLY - OCCASIONALLY - SELDOM - NEVER
SQUATTING &/OR CRAWLING:	FREQUENTLY - OCCASIONALLY - SELDOM - NEVER
PUSHING & PULLING:	FREQUENTLY - OCCASIONALLY - SELDOM - NEVER
GRIPPING/GRASPING:	FREQUENTLY - OCCASIONALLY - SELDOM - NEVER
FINE MANIPULATION:	FREQUENTLY - OCCASIONALLY - SELDOM - NEVER

DO YOU FEEL YOU CAN PERFORM YOUR JOB AT THIS TIME: YES -/- NO

LIST ACTIVITIES YOU CAN NO LONGER PERFORM **IN YOUR JOB**: _____

LIST ACTIVITIES YOU CAN NO LONGER PERFORM **OUTSIDE YOUR JOB**: _____

PATIENT SIGNATURE: _____ DATE: _____

INTERP. NAME: _____ CERT. #: _____ DATE: _____