Please fill out this form and return it to us at the address indicated above.

1. Is the worker medically stationary?  ☐ Yes  ☐ No  If yes, date:  (Provide closing information and complete Form 827.)
   If no, estimated medically stationary date:  Are there permanent restrictions?  ☐ Yes  ☐ No  ☐ Unknown
   Next scheduled appointment date:  

2. Worker is released to:
   ☐ full duty without limitations  Date:  (Do not complete lines 3 through 11. Sign below.)
   ☐ modified duty  from (date):  through (date):  (specify limitations below)
   ☐ modified hours  specify hours:  from (date):  through (date):  
   ☐ not released to work  Est. RTW date:
   If modified release, provide date of anticipated regular release:  

3. In a/an 8 10 12 other -hour workday, worker can stand/walk a total of:  
   At one time, worker can stand/walk:  

4. At one time, worker can sit a total of:  
   At one time, worker can sit:  

5. In a/an 8 10 12 other -hour workday, worker can sit a total of:  
   At one time, worker can sit:  

6. The worker is released to return to work in the following range for lifting, carrying, pushing/pulling:

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<th>Pounds</th>
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8. Worker can use hands for repetitive:
   Right  ☐ Yes  ☐ No  ☐ Yes  ☐ No  Dominant hand  ☐ Right  ☐ Left
   ```
   a. Fine manipulation
   b. Pushing and pulling
   c. Simple grasping
   d. Keyboarding
   ```
   Left  ☐ Yes  ☐ No  ☐ Yes  ☐ No
   ```
   a. Fine manipulation
   b. Pushing and pulling
   c. Simple grasping
   d. Keyboarding
   ```

9. Worker can use feet for repetitive raising and pushing (as in operating foot controls):  ☐ Yes  ☐ No

10. Worker is able to:
   ```
   ```
   Continuous 67-100% of the day  Frequent 34-66% of the day  Occasionally 6-33% of the day  Intermittently 1-5% of the day  Not at all
   ```
   ```

11. Other functional limitations or modifications necessary in worker’s employment:

Additional comments may be written on back of form.

Signature of medical service provider*  Printed name  Date

440-3245 (10/05/DCBS/WCD/WEB)

* See OAR 436-010-0210 regarding who may provide medical services and authorize time loss.