



REPORT OF WORKABILITY

Return to Employer:

Saint Paul Public Schools, Human Resources 3rd Floor, 360 Colborne Street, St Paul, MN 55102
FAX: 651-305-4259 EMAIL: benefits@spps.org

An Affirmative Action / Equal Opportunity Employer

Employee Name: _____ Employee ID #: _____

Position/Job Title: _____ Work Location: _____ Home/Cell Phone #: _____

- Able to work a full, regularly scheduled day with no restrictions on ___/___/___.
- Able to work with limitations (cited below) from ___/___/___ through ___/___/___.
- Unable to work from ___/___/___ through ___/___/___.

Diagnosis/Condition: _____

Work related – DOI: ___/___/___ Not work related Undetermined MVA

At MMI: Y/N PPD: _____ % Date: ___/___/___

Follow-Up Appointment: Clinic (Name) _____ Provider (Name) _____

Date: ___/___/___, Within ___ Weeks, Within ___ Months

TYPE OF LIMITATION [As related to above diagnosis/condition.] Open Field also below.

REDUCED SCHEDULE: Limited working ___ hours per day.

UPPER EXTREMITY LIMITATIONS: Left Right Both

- No use. Limited gripping / grasping / pinching. Avoid high force gripping / grasping / pinching.
- Limited reaching out / up – maximum distance away from the body: _____.
- Keep elbow next to body. Keep work close to trunk. Wear splint or brace while working.
- No overshoulder work. No overhead work. Reduce vibration exposure.

RESTRICTED LIFTING/CARRYING

- No lifting / carrying.
- Limited repetitive lifting / carrying – maximum ___ pounds; ___ times per hour; ___ hours per shift.
- May only lift from mid-thigh to chest. No lifting above shoulder height.

RESTRICTED BENDING/TWISTING/STOOPING/PUSH/PULL/KNEELING/SQUATTING

- No bending / twisting / stooping/kneeling/squatting No push / pull activities.
- Limited repetitive bending / twisting / stooping/etc.: ___ times per hour / ___ hours per shift.
- Limited repetitive push / pull activities – maximum ___ pounds; ___ times per hour; ___ hours per shift.

RESTRICTED SITTING/STANDING

- Limited sitting ___ hours per shift. Limited standing ___ hours per shift.
- Allow frequent position changes. Brief stretch break every ___ hour(s).

RESTRICTED KEYBOARDING/DATA ENTRY: Limited keyboarding / data entry – maximum ___ hours per shift.

RESTRICTED CLIMBING: No climbing - ladder / stairs. Limited climbing to ___ times per shift.

RESTRICTED DRIVING: No driving. Limited driving to ___ hours per shift.

OTHER RESTRICTIONS (PLEASE BE SURE TO INCLUDE FREQUENCY/QUANTITY):

Based on my personal evaluation of the patient's condition, the above information is accurate and complete.

Provider Name _____ Practice or Specialty _____

Provider Signature _____ Date ___/___/___