



# Tehama County Department of Education

1135 Lincoln Street  
Red Bluff, CA 96080

(530) 527-5811 / FAX (530) 529-4120

## WORK STATUS FORM WORKERS' COMPENSATION

Today's Date: \_\_\_\_\_

Name of Employee: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

The above-named employee:

May return to regular work duties now without restriction.

May return to work on \_\_\_\_\_ with the following restrictions:  
(date)

May not  lift/carry More than  10 lbs.  30 lbs.  
 20 lbs.  50 lbs.

No prolonged  bending/stooping  climbing  
 walking  kneeling  
 standing

Work requiring limited use of  right  left  
or  hand  arm  
 Work requiring no use of  foot  leg

Other restrictions: \_\_\_\_\_

The above restrictions should be observed until \_\_\_\_\_  
(date)

May not return to work until \_\_\_\_\_  
(date)

Diagnosis: \_\_\_\_\_

Is follow-up appointment required?  no  yes, date/time \_\_\_\_\_

Patient is fully discharged from my care?  no  yes, date \_\_\_\_\_

Is the injury determined to be first aid?  no  yes

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Physician's Name (please print)

**Return to Human Resources, Tehama County Department of Education**