



Tehama County Department of Education

1135 Lincoln Street

Red Bluff, CA 96080

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

WORK STATUS FORM

Today's Date: _____

Name of Employee: _____

Date of Injury/illness: _____

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)

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

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

Date

Physician's Signature

Physician's Name (please print)

Return original to Human Resource Services and a copy to your supervisor