

# CITY OF MADISON MEDICAL STATUS REPORT

This form is to assist **The City of Madison** place injured workers into suitable work within the limitations prescribed by the Medical Provider  
**LIGHT DUTY WORK IN THE CITY OF MADISON IS AVAILABLE FOR MOST CONDITIONS.  
IT IS ASSIGNED WITH WORK RESTRICTIONS BELOW.**

Worker's Compensation Administrator – WMMIC (608) 852-8645 • FAX: (608) 852-8647  
WMMIC Billing Address: 2418 Crossroads Drive, Suite 1500, Madison, WI 53718-2420

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

Next physician's appointment:  
Date: \_\_\_\_\_ Time: \_\_\_\_\_

Next therapy appointment:  
Date: \_\_\_\_\_ Time: \_\_\_\_\_

PATIENT'S NAME:	AGENCY/WORK UNIT:
CLINIC OR HOSPITAL NAME:	
DATE OF INJURY/ILLNESS:	

Diagnosis/Description of Illness/Injury: \_\_\_\_\_

### The patient whose name appears in the boxed area was seen for:

- Treatment of Initial Injury/Illness
- Follow-Up Care for a Previously Reported Injury/Illness
- Independent Evaluation/Consultation

### The patient is:

- Discharged from Care
  - Able to Return to Full Work on (Date) \_\_\_\_\_  Is Working
  - Unable to Work From \_\_\_\_\_ Through \_\_\_\_\_
- Because of:** \_\_\_\_\_
- Able to Return to Limited Work (Identify Specific Work Limitations/Physical Restrictions Below)  
From \_\_\_\_\_ Through \_\_\_\_\_

### Medication Restrictions:

- Prescribed medication  Yes  No
- Advised to take over the counter pain medication  Yes  No
- Approved to operate equipment/vehicles while taking medication  Yes  No

### Work Limitations:

- Restricted Lifting 

MAXIMUM WEIGHT IN POUNDS				
<input type="checkbox"/> 10	<input type="checkbox"/> 20	<input type="checkbox"/> 30	<input type="checkbox"/> 40	<input type="checkbox"/> 50
- Pushing, Pulling 

MAXIMUM WEIGHT IN POUNDS				
<input type="checkbox"/> 10	<input type="checkbox"/> 20	<input type="checkbox"/> 30	<input type="checkbox"/> 40	<input type="checkbox"/> 50
- Restricted Bending 

MAXIMUM NO TIMES PER HOUR				DEGREE OF BEND		
<input type="checkbox"/> 0-2	<input type="checkbox"/> 2-6	<input type="checkbox"/> 6-10	<input type="checkbox"/> 10-20	<input type="checkbox"/> 10-20	<input type="checkbox"/> 20-45	<input type="checkbox"/> Full
- To Keep Wound Clean & Dry
- No Climbing or Overhead Work
- No Operation of Vehicles/Moving Equipment
- Other: \_\_\_\_\_
- Right Hand Work Only
- Left Hand Work Only
- Sitting Job Only
- No Repetitive Motions
- 1. Hand Grasp
- 2. Wrist Motion
- 3. Elbow Flexion
- 4. Foot Controls

Explain Restrictions: \_\_\_\_\_

\_\_\_\_\_  
PROVIDER'S PRINTED NAME

\_\_\_\_\_  
PROVIDER'S SIGNATURE