



Medical Treatment & Physical Demands Analysis

I. To Be Completed by Employee

Name: _____ Date of Injury: _____ Phone: _____

Job Title & Brief Description of Job Duties (or attach copy of job description / performance plan): _____

I give permission to my physicians or other healthcare providers, hospitals, or clinics to release the information on this form and to release my medical records relating to this injury/illness to my employer, HealthSmart, and any entity responsible for providing services in connection with my workers' compensation claim. I understand this information will be used to assist my employer in evaluating my injury/illness, my work status, and proposed courses of treatment.

Employee's Signature: _____ Date: _____

II. To Be Completed by Healthcare Provider:

New Injury Follow-up Treatment Aggravation of Pre-existing Injury Date of Exam _____

Diagnosis: _____

Treatment: (including surgery, physical therapy, medications, and diagnostic procedures.) _____

- Return to regular duty on _____ Patient discharged from care? Yes No
 Return to work with restrictions on _____, until _____
 Follow-up appointment date _____ No follow-up necessary Referred to Specialist
 Unable to return to work until _____ Copy of job description reviewed? Yes No

Physical Demands Analysis: **Modified duty may be available for employee.**

✓	Lifting Amounts (check or circle)	Occasional (1-33%)	Frequent (34-66%)	Constant (67-100%)
	Heavy Work	100 lbs	50 lbs	20 lbs
	Medium Heavy Work	75 lbs	35 lbs	15 lbs
	Medium Work	50 lbs	25 lbs	10 lbs
	Light Work	20 lbs	10 lbs	4 lbs
	Sedentary-Light Work	15 lbs	8 lbs	3 lbs
	Sedentary Work	10 lbs	5 lbs	2 lbs

**Please return form to Loudoun
 County, Department of Human
 Resources
 Attn: Risk Management/Workers'
 Compensation,
 Phone 703.771.5676
 Fax 571.258.3212**

✓ Check as appropriate.	Never (0 Hrs)	Occasional (1-4 Hrs)	Frequent (4-8 Hrs)	Always (9-12 Hrs)
Sit				
Stand/Walk				
Bend				
Twist				
Squat/Crouch				
Reach				
Climb				
Drive				
Use of hands for repetitive grasping, fine manipulation, pushing & pulling.				
Use of foot/feet for repetitive movement as in operating foot controls.				

Signature of Healthcare Provider: _____ Phone: _____ Date: _____