

Sun City Fire & Medical Department
Work Status Form
(Instructions: Give completed form to employee)

Employee's Name _____	Date of Appointment _____
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<input type="checkbox"/> Employee is released to Full Duty on (Date) _____	<input type="checkbox"/> Employee is "No Work" Status until (Date) _____
<input type="checkbox"/> Employee is released to Light Duty Work from (Date) _____ to _____	

Employee May:

	No restrictions	Total Hours During Day					Hours at one time				
		8+	6-8	4-6	2-4	0-2	8+	6-8	4-6	2-4	0-2
<input type="checkbox"/> Stand/Walk	<input type="checkbox"/>										
<input type="checkbox"/> Sit	<input type="checkbox"/>										
<input type="checkbox"/> Drive	<input type="checkbox"/>										
<input type="checkbox"/> Bend	<input type="checkbox"/>										
<input type="checkbox"/> Squat	<input type="checkbox"/>										
<input type="checkbox"/> Kneel	<input type="checkbox"/>										
<input type="checkbox"/> Climb	<input type="checkbox"/>										
<input type="checkbox"/> Twist	<input type="checkbox"/>										
<input type="checkbox"/> Crawl	<input type="checkbox"/>										
<input type="checkbox"/> Reach	<input type="checkbox"/>										
<input type="checkbox"/> right hand	<input type="checkbox"/>										
<input type="checkbox"/> left hand	<input type="checkbox"/>										
<input type="checkbox"/> overhead	<input type="checkbox"/>										
<input type="checkbox"/> Grasp	<input type="checkbox"/>										
<input type="checkbox"/> right hand	<input type="checkbox"/>										
<input type="checkbox"/> left hand	<input type="checkbox"/>										
<input type="checkbox"/> Fine Manipulation	<input type="checkbox"/>										
<input type="checkbox"/> right hand	<input type="checkbox"/>										
<input type="checkbox"/> left hand	<input type="checkbox"/>										
<input type="checkbox"/> Use Keyboard	<input type="checkbox"/>										
<input type="checkbox"/> Push/Pull	<input type="checkbox"/>										
<input type="checkbox"/> right hand	<input type="checkbox"/>										
<input type="checkbox"/> left hand	<input type="checkbox"/>										
<input type="checkbox"/> Lift _____ lbs	<input type="checkbox"/>										
<input type="checkbox"/> Carry _____ lbs	<input type="checkbox"/>										

Number of hours able to work per day if less than full time: _____

Is employee restricted by environmental factors, such as heat/cold, dust, dampness, heights, chemicals, fumes, gases, odors, noise, vibration, etc?

No Yes, please explain: _____

Other instructions/restrictions/comments _____

 Provider Signature

 Provider Name (print) & Phone #

 Date