



Department of Health and Environment
Division of Health Care Finance

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Robert Moser, MD, Secretary
Andrew Allison, PhD, Director

Sam Brownback, Governor

EMPLOYEE WORK STATUS FORM FOR _____ Date _____

Physician _____ Physician's Contact Person _____

Address _____ Phone Number _____

City/State/Zip _____

Diagnosis _____

Body Part Restricted & Effective Date of Restrictions _____

Follow up appointment _____

Return to Work Date _____

Job Title _____

Brief Description of Job _____

Scheduled Tests/Procedures _____

The individual listed above may / may not do the following: **(circle one)** Off work and/or

N – None O – Occasional (0-32%) F-Frequent (33-55%) VF – Very Frequent (66-100%)

	N	O	F	VF
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifting Frequency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carrying Frequency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stooping (from waist)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crouching (bending at knees and waist)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneeling(bending at knees)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twisting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pushing/pulling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

