

UNIVERSITY OF OREGON EMPLOYEE STATUS REPORT

Employee Name: _____ Date of Next Appointment: _____

NOTE: This form may be used to assist the University in providing employees with transitional/modified work and/or reasonable accommodation. **PLEASE DO NOT INCLUDE MEDICAL DIAGNOSIS.**

Current Status (check one only):

- [] Released to regular work without restrictions Date: _____
 [] Released to transitional/modified work (indicate restrictions below) Date: _____
 [] Not released to any form of work* Date: _____
 *Estimated date of release to work: _____

RESTRICTIONS (fill in the blank, check box or circle restrictions for each activity):

In a work day, limitations include: **SIT** _____ hours; **STAND** _____ hours; **WALK** _____ hours
 At one time, limitations include: **SIT** _____ hours; **STAND** _____ hours; **WALK** _____ hours

	67-100% Continuously	34-66% Frequently	6-33% Occasionally	1-5% Intermittently	0% Never
BEND/STOOP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TWIST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CROUCH/SQUAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KNEEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CRAWL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLIMB LADDERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLIMB STAIRS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REACH ABOVE SHOULDERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LIFT, CARRY, PUSH, PULL:					
Up to 10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11-20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21-30 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31-40 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41-50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51-75 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76-100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Use of Feet: Operate a Foot Control? Yes No

Use of Hands:	Repetitive Action	Simple Grasping	Pushing/Pulling	Fine Manipulation
Right	C F O I N	C F O I N	C F O I N	C F O I N
Left	C F O I N	C F O I N	C F O I N	C F O I N

C = Continuously 67-100% F = Frequently 34-66% O = Occasionally 6-33% I = Intermittently 1-5% N = Never 0%

Is the commute (as a driver or passenger) to work within the physical capacities of the employee? Yes No

Estimated time for transitional/modified duty: _____ **Medically Stationary?** Yes (date) _____ No _____

Please list any restrictions you believe will be permanent and affect the ability of the employee to perform work: _____

Please list side effects from medication, prescribed for use during work hours, that may impair employee's ability to safely perform work tasks: _____

Comments: _____

Print Physician's Name: _____ Telephone: _____

Physician's Signature: _____ Date: _____

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