SUNBELT CONTROLS

Appendix 33-C
Modified Duty Task Schedule

Employee Name: _____ **Date:** _____

Type of Injury:

☐ Head ☐ Shoulder ☐ Arm ☐ Leg / Knee ☐ Other:
☐ Neck ☐ Back ☐ Hand ☐ Foot _____

Work Restriction(s) Based Upon Primary Treating Physicians Progress Report:

☐ NO work near moving machinery
☐ Limited use of R / L hand to _____ hrs/day
☐ NO use of R / L hand

☐ Sit down job
☐ Must Wear: (check all that apply)
☐ Splint
☐ Immobilizer
☐ Back support
☐ Cage

☐ Limited standing or walking to _____ hrs/day
☐ NO standing or walking
☐ Other restrictions _____
_____

☐ Limited overhead work to _____ hrs/day
☐ NO overhead work

☐ Limited stooping and bending to ____ hrs/day
☐ NO stooping and bending

☐ Limited kneeling or squatting ____ hrs/day
☐ NO kneeling or squatting

☐ Limited ☐ LIFTING
☐ No ☐ PULLING
☐ PUSHING
☐ MUST TAKE A _____ MINUTE STRETCH BREAK EVERY _____

☐ Able to lift up to: ☐ 10lbs
☐ NO lifting ☐ 25lbs
☐ 50lbs
☐ other amount _____ lbs

☐ NO Climbing

Does the employee have a written Early Return to Work Form? ☐ YES ☐ NO
(if yes, obtain a copy and any related/corollary materials)

ALTERNATE JOBS OR TASKS

list jobs and/or tasks that are available for injured workers who have been released to work by their doctor with physical restrictions (light / modified duty):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Appendix 33-C
Modified Duty Task Schedule

ADDITIONAL COMMENTS
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Physician's Signature _____**,M.D.**