

DELAWARE WORKERS' COMPENSATION  
 PHYSICIAN'S REPORT OF WORKER'S COMPENSATION INJURY  
 A COPY OF THIS REPORT MUST BE SENT TO THE INJURED WORKER AND THE INSURER

REPORT TYPE                      \_\_\_ Initial                      \_\_\_ Progress                      \_\_\_ Closing

WORKER'S NAME \_\_\_\_\_

SS NO.                      \_\_\_\_\_                      Employer Name                      \_\_\_\_\_

DOB                      \_\_\_\_\_                      Employer Phone/Fax \_\_\_\_\_/\_\_\_\_\_

ACC. DATE                      \_\_\_\_\_                      Insurer Name                      \_\_\_\_\_

EXAM DATE                      \_\_\_\_\_                      Insurer Claim No.                      \_\_\_\_\_

Physician's Phone/Fax \_\_\_\_\_/\_\_\_\_\_                      Insurer Phone/Fax \_\_\_\_\_/\_\_\_\_\_

INITIAL VISIT ONLY  
 Injured worker's description of accident/injury \_\_\_\_\_

WORK RELATED MEDICAL DIAGNOSIS (ES) \_\_\_\_\_

TREATMENT PLAN:  
 Diagnostic Tests \_\_\_\_\_

Procedures \_\_\_\_\_

Therapy \_\_\_\_\_

Medications \_\_\_\_\_

Hrs. per day patient can work: (circle one):                      8                      6                      4                      2                      0

Work Postures: Maximum tolerance in hours for above work day (circle one in each category below):

|           |   |   |   |   |   |   |   |   |   |
|-----------|---|---|---|---|---|---|---|---|---|
| Sitting:  | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Standing: | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Walking:  | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Driving:  | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |

Comments: \_\_\_\_\_

Lift/Carry & Push/Pull:

D.O.T. Classification of Work

Lift/Carry  
check one:

Push/Pull  
check one:

|            |  |     |     |
|------------|--|-----|-----|
| Sedentary  | 10 lbs max: occasionally carry small objects                 | ( ) | ( ) |
| Light      | up to 20 lbs max: frequently lift/carry up to 10 lbs         | ( ) | ( ) |
| Medium     | up to 50 lbs max. frequently lift/carry up to 25 lbs         | ( ) | ( ) |
| Heavy      | up to 100 lbs max. frequently lift/carry up to 50 lbs        | ( ) | ( ) |
| Very Heavy | over 100 lbs occasionally; frequently lift/carry over 50 lbs | ( ) | ( ) |

Non-Material Handling: based on total hrs/day patient can work (circle one in each category below):

|                             |    |     |     |     |      |
|-----------------------------|----|-----|-----|-----|------|
| Bending:                    | 0% | 25% | 50% | 75% | 100% |
| Turn/Twist:                 | 0% | 25% | 50% | 75% | 100% |
| Kneeling:                   | 0% | 25% | 50% | 75% | 100% |
| Squatting:                  | 0% | 25% | 50% | 75% | 100% |
| Crawling:                   | 0% | 25% | 50% | 75% | 100% |
| Climbing:                   | 0% | 25% | 50% | 75% | 100% |
| Repeated arm motions:       | 0% | 25% | 50% | 75% | 100% |
| Reaching up above shoulder: | 0% | 25% | 50% | 75% | 100% |
| Foot controls:              | 0% | 25% | 50% | 75% | 100% |

Comments: \_\_\_\_\_

Above work restrictions are: temporary \_\_\_\_\_ permanent \_\_\_\_\_ anticipated return to work without restrictions \_\_\_\_\_

Return to work modified duty start date: \_\_\_\_\_ Next reevaluation date: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name: (Please print) \_\_\_\_\_ Certification No.: \_\_\_\_\_

(Rev: 9/11/07)