WORK STATUS REPORT/MEDICAL SERVICE FORM

Fax Immediately to: 608-204-0346 (Custodians please also fax to 608-204-0374)

Travelers Insurance
PO Box 3205
Naperville, IL 60655
800-832-7839

EMPLOYER HAS LIGHT DUTY ASSIGNMENTS AVAILABLE

EMPLOYER INFORMATION	
Madison Metropolitan School District	Phone: 608-663-1692
545 W Dayton Street, Room 133, Madison, WI 53703	Fax: 608-204-0346

EMPLOYEE INFORMATION (to be completed by the employee)			
Name			
Home/Cell Phone		Date of Birth	
B Number		Social Security Number (required)	
Date of Injury		Time of Injury	am/pm

Employee: To expedite prompt claim handling, this complete form is to be returned to the Madison Metropolitan School District either on the same day of your appointment or, should lost time be incurred, forwarded to the Madison Metropolitan School District the day following your appointment. Be sure to give this form to your supervisor and request that the supervisor forward the paperwork to the Benefits Division.

MEDICAL INFORMATION (to be completed by the treating licensed physician/medical doctors)					
***EMPLOYER HAS LIGHT DUTY ASSIGNMENTS AVAILABLE**					
Treatment Received At	☐Clinic ☐Urgent Care ☐Emergency Room				
Date of Exam		Time of Exam		Date of Follow Up	
Diagnosis					
Treatment Plan	Expected healing time: Days_____ Weeks_____ Months_____ Other_____ ☐Must return for re-evaluation on _____(date) ☐To receive PT/OT services at the rate of _____ time per week for _____ weeks ☐Inpatient surgery scheduled for _____ at ____:_____ ☐am ☐pm ☐Outpatient surgery scheduled for _____ at ____:_____ ☐am ☐pm ☐No further care required. Discharge as of _____(date)				
Current Work Status	☐May work full duty as of _____(date) ☐Presently working as of _____(date) ☐May not work full or light duty (off of work) until _____(date) ☐May work light duty now with identified restrictions through _____(date) ☐Lifting ☐Pushing ☐Pulling Maximum Weight in pounds for the above 3 functions: _____lbs ☐Bending Maximum number of bends per hour: ☐0-2 ☐2-6 ☐6-10 ☐10-20 Degree of bend allowable: ☐10-20 ☐20-45 ☐Full ☐Standing limited to _____ hours per day ☐Sitting limited to _____ hours per day ☐Walking limited to _____ hours per day ☐Keep dressing/wound clean and dry ☐Medication may cause drowsiness. Use caution when operating machinery or equipment. Comments:				
Physician Name		Facility Name			
Facility Address		Facility Phone Number			
Physician Signature		Date			

MMSD is self-insured for workers compensation
Insurance Carrier: Travelers, PO Box 3205, Naperville, IL 60566; Fax 877-786-5567