

NOTICE TO THE PHYSICIAN

(To be presented by the injured employee to the physician when seeking medical treatment).

This employee has reported they have been injured on the job. Please provide the information on both sides of this form so that we may process a SAIF claim.

After your examination please return this form to the employee and send "Doctor's First Report Of Work Injury" to:

SAIF CORPORATION
400 High Street, S.E.
Salem, Or. 97312-1000

Irene Jerome, Supervisor

RETURN TO WORK: (To be completed by the Doctor after the examination).

Name of Patient; _____

Date and Time of injury; _____

Name of Medical Office or Clinic; _____

Treatment Date; _____ Time Arrived; _____ Time Left; _____

Is this employee able to return to regular work duties?; [] Yes [] No

If **NO** what are the limitations?; _____

What is the projected date of return; _____ [] Regular Duty [] Light Duty

Is another appointment needed?; [] Yes [] No Date; _____ Time; _____

Doctor's Signature

Date

PLEASE COMPLETE BOTH SIDES OF THIS FORM AND RETURN IT TO THE EMPLOYEE SO HE\SHE MAY RETURN IT TO HUMAN RESOURCES. THANK YOU FOR YOUR COOPERATION.

IMPORTANT: Please complete the following items based on your clinical evaluation of the claimant and other testing results. Any item that you do not believe you can answer should be marked N/A.

In a 8 hour work day, “Occasionally” = 1% to 33%, “Frequently” = 34% to 66%, “Continuously” = 67% to 100%.

1. In an 8 hour workday claimant can: (Circle full capacity for each activity)

	Total at one time (hours)									Total during entire 8 hour day										
a. Sit	0	1/2	1	2	3	4	5	6	7	8	0	1/2	1	2	3	4	5	6	7	8
b. Stand	0	1/2	1	2	3	4	5	6	7	8	0	1/2	1	2	3	4	5	6	7	8
c. Walk	0	1/2	1	2	3	4	5	6	7	8	0	1/2	1	2	3	4	5	6	7	8

2. Claimant can use hands for repetitive action as:

	Right		Left	
a. Simple grasping	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Pushing & pulling	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Fine manipulating	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. Claimant can use feet for repetitive movements as in operating foot controls:

	Right	Left	Both
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Claimant can lift:

	Never	Occasionally	Frequently	Continuously
a. Up - 05 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 06 - 10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. 11 - 20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. 21 - 50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Claimant can carry:

a. Up - 05 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 06 - 10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. 11 - 20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. 21 - 50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Claimant is able to:

a. Bend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Squat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Crawl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Climb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Reach above shoulder level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Walk on uneven surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Claimant can be involved in activities:

a. Around moving machinery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Driving auto\equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Exposure dust-fumes-gases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Exposure to marked changes in temperature\humidity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Comments:
