

**DELAWARE INDUSTRIAL ACCIDENT BOARD  
PHYSICIAN'S REPORT OF WORKER'S COMPENSATION INJURY**

A COPY OF THIS REPORT MUST BE SENT TO THE INJURED WORKER, EMPLOYER AND INSURER

INITIAL REPORT: ( )                      PROGRESS REPORT: ( )                      CLOSING REPORT: ( )

EMPLOYEE NAME: _____	EMPLOYER NAME: _____
DATE OF BIRTH: _____	EMPLOYER PHONE / FAX: _____
DATE OF INJURY: _____	INSURER NAME: _____
EXAM DATE: _____	INSURER CLAIM NO.: _____
PHYSICIAN PHONE / FAX: _____	INSURER PHONE / FAX: _____

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

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

TREATMENT PLAN:  
Diagnostic Tests: \_\_\_\_\_  
Procedures: \_\_\_\_\_  
Therapy: \_\_\_\_\_  
Medications: \_\_\_\_\_

Hours per day patient can work (select one):                      ( 8 )    ( 6 )    ( 4 )    ( 2 )    ( 0 )

**D.O.T. CLASSIFICATION OF WORK** (circle one):

- Sedentary:     Exerting up to 10 lbs. of force *occasionally* and / or a negligible amount of force *frequently* to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time but may involve brief periods of walking or standing.
- Light:         Exerting up to 20 lbs. of force *occasionally* and / or up to 10 lbs. of force *frequently* and/or negligible amount of force *constantly* to move objects. Physical demand requirements are in excess of those for Sedentary Work.
- Medium:       Exerting 20 to 50 lbs. of force *occasionally* and / or 10 to 25 lbs. of force *frequently* and or greater than negligible up to 10 lbs. of force *constantly* to move objects. Physical Demand requirements are in excess of those for Light Work.
- Heavy:         Exerting 50 to 100 lbs. of force *occasionally* and / or 25 to 50 lbs. of force *frequently* and / or 10 to 20 lbs. of force *constantly* to move objects. Physical Demand requirements are in excess of those for Medium Work.
- Very Heavy:   Exerting in excess of 100 lbs. of force *occasionally* and / or in excess of 50 lbs. of force *frequently* and / or in excess of 20 lbs. of force *constantly* to move objects. Physical Demand requirements are in excess of those for Heavy Work.

**DEFINITIONS:**

- Occasionally:    Activity or condition exists up to 1/3 of the time.
- Frequently:      Activity or condition exists from 1/3 to 2/3 of the time.
- Constantly:      Activity or condition exists 2/3 or more of the time.

**WORK POSTURES / POSITIONAL TOLERANCES:** Comment **as appropriate** in space provided regarding the patient's abilities / limitations for the following postures / positions (e.g., Sitting: No more than 30 minutes continuously):

Sitting: _____	Squatting: _____
Standing: _____	Crawling: _____
Walking: _____	Climbing: _____
Driving: _____	Repeated arm motions: _____
Bending: _____	Repetitive use of wrist / hands: _____
Turn / Twist: _____	Reaching above shoulder: _____
Kneeling: _____	Foot controls: _____

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

Above safe work capacities are:    Temporary: ( )                      Permanent: ( )                      Anticipate full duty release: ( )

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

RELEASE TO FULL DUTY WITH NO RESTRICTIONS (please circle):    **YES** (Start Date: \_\_\_\_\_)                      **NO**

PHYSICIAN SIGNATURE: \_\_\_\_\_                      DATE: \_\_\_\_\_

PHYSICIAN NAME (PRINT): \_\_\_\_\_                      CERTIFIED PROVIDER:    YES: ( )                      NO: ( )