

Claim Number \_\_\_\_\_

# FAIRFAX COUNTY GOVERNMENT MEDICAL STATUS REPORT



**Give to physician prior to treatment. Return completed form to your supervisor within 48 hours of treatment.**

**TO BE COMPLETED BY EMPLOYEE (Please Print.)**

NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_ AGENCY: \_\_\_\_\_

PHYSICIAN/FACILITY NAME: \_\_\_\_\_ COMPLAINT: \_\_\_\_\_

HAVE YOU MISSED DAYS FROM WORK DUE TO THIS INCIDENT?  YES  NO HOW MANY? \_\_\_\_\_

**TO BE COMPLETED BY PHYSICIAN (Please print name at the bottom of page under signature)**

DIAGNOSIS  
: \_\_\_\_\_

TREATMENT (include medications, physical therapy, surgery):  
\_\_\_\_\_  
\_\_\_\_\_

REFERRED TO: \_\_\_\_\_

**MEDICAL RECOMMENDATIONS / RETURN TO WORK STATUS** - All Fairfax County agencies offer temporary modified duty for recovering employees. Our goal is to ensure a timely return to productive employment status as soon as medically appropriate. By working with the employee's individualized medical treatment plan, most injured workers are able to return to their pre-injury status by gradually phasing back into their regular duty job tasks.

**PLEASE COMPLETE ALL APPROPRIATE SPACES**

Employee may return to full duty work immediately.

Employee expected to return to full duty. May return to full duty work on \_\_\_\_\_  
Date

Employee may return to temporary work on \_\_\_\_\_ with restrictions listed below  
Date

Lifting restrictions. (Indicate maximum lbs. which can be handled/for how long? \_\_\_\_\_)

Other restrictions (sitting, standing, bending, etc: \_\_\_\_\_)

Medication prevents employee from operating machinery/vehicle.  Sedentary/office work only.

Employee now totally disabled for work. How long do you anticipate recovery taking? \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NEXT APPOINTMENT: \_\_\_\_\_ PHYSICIAN'S SIGNATURE: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_ PHYSICIAN'S PRINTED NAME: \_\_\_\_\_

Send billing requests to: Corvel Corporation  
11320 Random Hills Road  
Suite 130  
Fairfax, VA 22030  
Telephone: 703-278-5460 Fax: 866-765-7033

Send Original to: Risk Management