



EMPLOYEE STATUS FORM

PATIENT'S NAME: _____ DEPT CODE: _____ EMPLOYEE ID # _____
 SHIFT TIME (start/end times) _____ SHIFT RDO: _____
 DATE OF INJURY: _____ OFFICE VISIT DATE: _____ TIME IN: _____ TIME OUT: _____
 INITIAL INJURY TREATMENT Circle One: YES / NO SUPERVISOR: _____
 DESCRIPTION OF INJURY/ILLNESS: _____

TRANSITIONAL DUTY AVAILABLE

Some work groups (i.e., Flight Attendants) do not have Trans Duty. To assist United Airlines in understanding our employee's current work limitations please indicate any physical restrictions so we can ensure proper light duty placement, if available.

- EFFECTIVE DATE: _____ PATIENT HAS NO RESTRICTIONS
- EFFECTIVE DATE: _____ PATIENT IS UNABLE TO WORK
- EFFECTIVE DATE: _____ PATIENT IS RELEASED WITH THE FOLLOWING PHYSICAL CAPABILITIES:

ACTIVITY	MAY NOT PERFORM	UP TO 2 HOURS	2 TO 4 HOURS	4 TO 6 HOURS	8 HOURS OR MORE
BODY MOVEMENTS					
Stand					
Walk					
Sit					
Bend / Twist / Turn					
Kneel / Squat / Crawl					
Head / Neck Movement					
Outward Reach Arm(s) *					
Reach above Shoulder *					
Repetitive Hand Use *					
Grip *					
Additional Restrictions or Requirements:					

ACTIVITY	MAY NOT PERFORM	UP TO 2 HOURS	2 TO 4 HOURS	4 TO 6 HOURS	8 HOURS OR MORE
LIFT/CARRY					
Up to 20 lbs. Specify # of lbs:					
21 to 45 lbs.					
45 or Greater					
PUSH/PULL					
Up to 20 lbs. Specify # of lbs:					
21 to 45 lbs.					
45 or Greater					
MISCELLANEOUS NO YES					
Full Visual Acuity, Color Discrimination, and full Visual Field					
Ability to Hear					
Crutches, Cane, Cast, or Splint required					
Drive and Operate Company Equip.					
Climb and Work at Heights:					
Using Ladders					
Using Stairs					

Above restriction(s) applies to: Left _____ Right _____ Both Extremities _____
 MEDICAL TREATMENT ADMINISTERED: (e.g., medications and dosage, splints, sutures, injection, etc.) _____

ADDITIONAL COMMENTS: _____
 PHYSICIAN'S NAME: _____ PHONE: _____ FAX: _____
 PHYSICIAN'S SIGNATURE: _____ SPECIALTY: _____ DATE: _____
 PHYSICIAN'S ADDRESS: _____ CITY: _____ STATE: _____
 DATE/TIME OF NEXT OFFICE VISIT: _____ ANTICIPATED MMI DATE: _____

**Fax to United - Employee Service Center at 847-700-9533 immediately following each visit
 Contact your station business office immediately following visit for Trans Duty work assignment**