



**Austin-Travis County EMS
Emergency Physician Work Status Report**

Employee Name: _____ **Date of Injury:** _____

TO THE TREATING ER Doctor: Austin Travis County EMS may provide limited duty when available to medics and employees who are NOT fully capable of returning to work. In an effort to provide customer service, you MAY complete this form in place of the Workers Compensation Form DWC-73. Thank you for your time.

THE SECTION BELOW IS TO BE COMPLETED BY THE TREATING MEDICAL DOCTOR

The injured employee's medical condition resulting from the reported injury is such that the employee may:

- RETURN to FULL DUTY** immediately.
- RETURN to FULL DUTY** after this date: _____ or
 follow-up with _____
- RETURN to LIMITED DUTY** with restrictions detailed below:

Restrictions: DESCRIBE LIMITATIONS (ie. no lifting, no running, no standing, etc)

Health Care Provider (*please print*)

Emergency Room / Treatment Facility

Health Care Provider (*signature*)

Date