Modified Duty: Automotive

Employee Name: _____ **Date of Birth:** _____ **Claim Number:** _____

Employer: Check any/all "Available Tasks" boxes you can offer. Enter "Other" tasks you can offer.

Physician: Please check "yes" or "no" to those tasks that the injured worker is capable of performing and sign below.

Employer Offer		Physician Response
Available Tasks		Release to Job Task?
☐	**Telephone troubleshooting:** Answer incoming phone calls from customers regarding problems with their automobile. Involves sitting/standing option.	◯ Yes ◯ No
☐	**Schedule appointments:** Use telephone, enter appointments for vehicle maintenance or repair work into computer. Involves sitting/standing option.	◯ Yes ◯ No
☐	**Service Consultant:** Greet customers; input all required automobile information into computer, notes on repairs to be done. Call customers to follow up on completed work. Involves sitting, standing, minimal walking.	◯ Yes ◯ No
☐	**Equipment cleaner/tester:** Disassemble/reassemble parts and test parts. Lifting up to 10 lbs. Involves sitting, standing, reaching, gripping, grasping and handling.	◯ Yes ◯ No
☐	**Courtesy driver:** Drive a van or other vehicle to transport customers to work or home while vehicle is being repaired. Involves sitting, walking, bending, gripping, grasping, reaching, pulling and pushing.	◯ Yes ◯ No
☐	**Train and Supervise:** Instruct and supervise new employees on proper company procedures, practices and policies. Lifting up to 10 lbs. Involves sitting, standing, walking, gripping, grasping and reaching.	◯ Yes ◯ No
☐	**Parts runner** -- Drive company vehicle to pick up automotive parts and supplies. Involves sitting, walking, gripping, reaching and lifting up to 10-20 lbs.	◯ Yes ◯ No
☐	**Custodial work:** Clean restrooms, wipe down sinks and countertops, clean mirrors, wash interior/exterior windows and glass doors, empty trash, dust, vacuum carpeted areas and clean employee break room. Lifting up to 10 lbs.	◯ Yes ◯ No
☐	Enter Other Task:	◯ Yes ◯ No
☐	Enter Other Task:	◯ Yes ◯ No
☐	Enter Other Task:	◯ Yes ◯ No

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Given the tasks you have checked off above, what number of hours are available for modified duty?

Regular_____hrs./day or Reduced _____hrs./day

Employee Name: _____ **Claim Number:** _____

Company Name: _____

Employer Contact: _____

Employer Phone: _____ **Employer Fax:** _____

Employer Email: _____

Physician comments on patient's ability to perform Job Tasks:

_____

_____

_____

_____

Physician Signature: _____ **Date:** _____