Modified Duty: General Electrician

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?
☐	**Clean up Worksite and Shop**: Sweep, pick up trash, pick up cut boards and remove unused materials, general shop housekeeping. Use wheelbarrow, broom, mop, wash bucket, and cleaning supplies. Lifting up to 20 pounds. Involves walking, standing, bending, stooping, carrying and reaching.	◯ Yes ◯ No
☐	**Assemble Lights:** Assemble light fixtures by attaching ballast, wires and clips. Use small screws and screwdriver to attach the light fixture. Lifting up to 10 pounds. Involves standing, sitting, fine motor skills.	◯ Yes ◯ No
☐	**Parts Delivery:** Drive truck/car to pick up parts from warehouse, part store, or job site and deliver parts to designated sites. Lifting up to 20 pounds. Involves driving, sitting, walking.	◯ Yes ◯ No
☐	**Install Light Sockets:** Insert two-, four- or six-prong outlet into the metal box in the wall. Use screwdriver, screws and outlet socket. Lifting up to 10 pounds. Involves standing, sitting, handling, and reaching.	◯ Yes ◯ No
☐	**Job Supervision and Reporting;** Safety Inspections: Walking, sitting, standing. May involve computer use.	◯ Yes ◯ No
☐	**Inventory and Maintain Tools**: Count and label parts in shop/warehouse. May require handwriting or computer input. Clean and maintain tools or other equipment. Involves standing, stooping, bending, stepladder use, pushing, pulling, lifting up to 10 lbs.	◯ Yes ◯ No
☐	**Install Light Plates:** Use screwdriver and screws to install metal or plastic light plates over light switch. Involves standing, sitting, fine motor skills and reaching.	◯ Yes ◯ No
☐	**Feed Wires**: Feed electrical wire off a spool to another employee to ensure that it is not tangled. Involves standing, sitting, reaching and handling.	◯ 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:** _____