Modified Duty: Marine Trades

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?
☐	**FIRE WATCH:** Having a clear view and immediate access to areas of hot work being performed by others. Have fire extinguisher or water hose in the ready. Sit/stand options. Lift up to 10 lbs.	◯ Yes ◯ No
☐	**MAINTAIN TOOL ROOM:** responsible for the checking in/out of tools, cleaning, repairing, replacing and inventory of tools. Sit/Stand options. Lift up to 20 lbs.	◯ Yes ◯ No
☐	**OPERATE FORK LIFT AND/OR ELECTRIC PALLET JACK:** Moving materials as directed using forklift or electric pallet jack. Seated driving and Walk-behind.	◯ Yes ◯ No
☐	**BENCH WORK:** Performimg bilateral hand activities using hand tools to disassemble/assemble, repair equipment. SIt/Stand option. Lift up to 10 lbs.	◯ Yes ◯ No
☐	**INVENTORY:** Inventory parts, work equipment, and safety items and place orders as necessary. Stand and walk.	◯ Yes ◯ No
☐	**DRIVE VEHICLE:** Run errands, deliver and pick-up small parts. Sit, walk, lift up to 10 lbs.	◯ Yes ◯ No
☐	**INSPECTION AND TRAINING:** Complete safety inspections, quality control inspections, help train new employees. Stand, walk, climb, sit.	◯ Yes ◯ No
☐	Enter Other Task	◯ Yes ◯ No
☐	Enter Other Task	◯ Yes ◯ No
☐	Enter Other Task	◯ Yes ◯ No
☐	Enter Other Task	◯ Yes ◯ No

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:** _____