

Workers' Compensation – Current Status Statement

Instructions:

1. Please type or print neatly.
2. For each activity listed: if you cannot do the activity at all mark "No." If you can do the activity with limitation mark "Limited" and note your current capability in the "Additional Comments" area. Examples: if you can lift no more than ten pounds mark the " Limited Lifting" box and note "10 pounds max." ; if you can only stand for 15 minutes at a time mark the "Limited Standing" box and note "15 minutes max."
3. Any activity left blank will be considered an activity that you can do without limitation.
4. Return of this form by the date indicated will assist the timely processing of your claim.
5. If you have any questions, contact the Office of Risk & Insurance Management at 778-2402

NAME			
JOB TITLE & UNION			
DEPARTMENT			
DATE OF INJURY			
BRIEF DESCRIPTION OF INJURY			
ARE YOU CURRENTLY WORKING (INCLUDING VOLUNTEER OR BARTER WORK)?	Yes	No	

ACTIVITY

ADDITIONAL COMMENTS

<input type="checkbox"/> NO PUSHING	<input type="checkbox"/> LIMITED PUSHING	
<input type="checkbox"/> NO PULLING	<input type="checkbox"/> LIMITED PULLING	
<input type="checkbox"/> NO BENDING	<input type="checkbox"/> LIMITED BENDING	
<input type="checkbox"/> NO STOOPING	<input type="checkbox"/> LIMITED STOOPING	
<input type="checkbox"/> NO SITTING	<input type="checkbox"/> LIMITED SITTING	
<input type="checkbox"/> NO STANDING	<input type="checkbox"/> LIMITED STANDING	
<input type="checkbox"/> NO TWISTING	<input type="checkbox"/> LIMITED TWISTING	
<input type="checkbox"/> NO CLIMBING	<input type="checkbox"/> LIMITED CLIMBING	
<input type="checkbox"/> NO KNEELING	<input type="checkbox"/> LIMITED KNEELING	

NO LIFTING _____ LIMITED LIFTING _____ Lbs. Max.

_____ NO OVERHEAD LIFTING _____ LIMITED OVERHEAD LIFTING _____ Lbs. Max.

Additional Comments: _____

Notice (Penal Law Section 210.45)

It is a crime, punishable as a class A misdemeanor under the laws of the State of New York, for a person, in and by a written statement, to knowingly make a false statement, or make a statement which such person does not believe to be true.

Signature and Date

Print Name