Return to Work - Supplemental Income Benefits (SIBS) (See DWC Form(s)-073, Work Status Report)

The exam requester asked whether the injured employee's medical condition improved sufficiently to allow the employee to return work in any capacity for the identified SIBS qualifying periods. The table below summarizes the qualifying periods to be assessed as listed by the requestor or requestors in Box 36F on the DWC Form-032.

Assessment Period 1

The medical condition caused by the work-related injury:

☐ will allow the injured employee to return to work without restrictions as of [mm/dd/yyyy].

☐ will allow the injured employee to return to work with the restrictions from [mm/dd/yyyy] through [mm/dd/yyyy].

Work restricted to:				
☐ Sedentary	☐ Light	☐ Medium	☐ Heavy	☐ Very Heavy
Body part restricted:		☐ No more than ____ pounds lift or carry.		☐ No lift or carry.

Type	**Max Hours**	**Type**	**Max Hours**	**Type**	**Max Hours**
Stand		Sit		Kneel/ Squat	
Push/Pull		Twist		Walk	
Bend/Stoop		Keyboard		Climb stairs/ladder	
Reach/Overhead					
Medication restrictions:					
Driving restrictions:					

☐ has prevented and still prevents the employee from returning to work as of [mm/dd/yyyy] through [mm/dd/yyyy].

Description of job duties, work history and current work capacity: