Physician's Report of Permanent and Stationary Status and Work Capacity

For injuries occurring on or after January 1, 2013

☐ The Employee is P&S from all conditions and the injury and has caused permanent partial disability

Employee Last Name | Employee First name | MI | Date of Injury

Claims Administrator: | Claims Representative

Employer name: | Employer Street Address:

Employer City: | State | Zip Code | Claim No.

☐ The Employee can return to regular work

☐ The Employee is unable to return to work in any capacity for the period of _____ to _____

☐ The Employee can work with restrictions:

	1-2 hours	2-4 hours	4-6 hours	6-8 hours	None
Stand	☐	☐	☐	☐	☐
Walk	☐	☐	☐	☐	☐
Sit	☐	☐	☐	☐	☐
BendSquat	☐	☐	☐	☐	☐
Climb	☐	☐	☐	☐	☐
Twist	☐	☐	☐	☐	☐
Reach	☐	☐	☐	☐	☐
Crawl	☐	☐	☐	☐	☐
Drive	☐	☐	☐	☐	☐
Foot/Feet	☐	☐	☐	☐	☐
Hand(s)	☐	☐	☐	☐	☐

Lift/Carry Restrictions: May not lift/carry more than ___ lbs. for than ___ hours per day.

Other restrictions:

If a Job Description has been provided, please complete below:

Job Description provided of: ☐ Regular Work ☐ Proposed Modified Work ☐ Proposed Alternative Work

Job Title: _____ Work Location _____

Are the Work Duties compatible with the activity restrictions set forth in the provided job description? ☐ Yes ☐ No, explain below

Physician's Name | Role of Doctor (PTP, QME, AME)

Physician's Signature | Date

State of California, Division of Workers' Compensation, Retraining and Return to Work Unit
Physician's Report of Permanent and Stationary Status and Work Capacity Instructions
For injuries on or after January 1, 2013, DWC - AD 10133.36

Who is responsible for filling out this form? The first physician who finds that the disability from all conditions for which compensation is claimed has become permanent and stationary (or has reached maximum medical improvement) and that the injury has caused permanent partial disability); the physician can be the primary treating physician, a Qualified Medical Evaluator, or an Agreed Medical Evaluator.

What is the purpose of this form? The purpose of the form is to fully inform the employer of the work capacities and activity restrictions resulting from the injury that are relevant to potential regular work, modified work, or alternative work. The information contained on the form is not considered in any permanent impairment rating.

Is this a mandatory form? This is a mandatory attachment to the first medical report finding that the disability from all conditions for which compensation is claimed has become permanent and stationary and that the injury has caused permanent partial disability.

When does the form need to be completed? This form does not need to be completed until all conditions for which compensation is claimed have become permanent and stationary.

If the employer or claims administrator has provided the physician with a job description providing physical requirements of the employee's regular work, proposed modified work, or proposed alternative work, the physician shall evaluate and describe in the form whether the work capacities and activity restrictions are compatible with the physical requirements set forth in that job description. The bottom portion of the form does not need to be completed if the physician has not been provided with a job description.

How does the employer receive the form? The claims administrator shall forward the form to the employer.