Work Status Form

The University of California, Santa Barbara is committed to achieving a successful recovery and return to work for our ill/injured employees. Our Transitional Work Program (TWP) is designed to help employees return to work safely and at the earliest opportunity, using appropriate modified work alternatives when required.

EMPLOYEE’S AUTHORIZATION TO RELEASE INFORMATION
I hereby authorize my treating health care provider to release information regarding my limitations and restrictions relating to a work assignment and accommodation.

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Employee’s Signature</th>
<th>Date</th>
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PHYSICIAN’S STATEMENT – NO diagnostic information please.

1.) Specific area(s) of concern (e.g. left wrist):

2.) This employee is capable for work as follows:
- ☐ FULL/ REGULAR DUTY as of (date):
- ☐ NOT capable of ANY work – FROM (date): TO (date):
- ☐ Modified Hours:
  - FROM (date): TO: Work: Hours/day, Days/week
- ☐ Modified Duties:
  - FROM (date): TO: s/he can work with restrictions as follows:
    - ☐ Sit: Min/Hr Hrs/Day*
    - ☐ Stand/ Walk: Min/Hr Hrs/Day
    - ☐ Climb: Min/Hr Hrs/Day
    - ☐ Kneel/ Squat: Min/Hr Hrs/Day
    - ☐ Bend/ Stoop: Min/Hr Hrs/Day
    - ☐ Twist: Min/Hr Hrs/Day
    - ☐ Lift/ Carry: LBS Max.
    - ☐ Push/ Pull: LBS Max.
    - ☐ Grasp/ Grip: LBS Max.
    - ☐ Reach overhead: LBS Max.
    - ☐ Keyboard/ Type: Min/Hr Hrs/Day
    - ☐ Other – specify:

Comments:

3.) Anticipated date for return to Full Duty:

4.) Next appointment (date):

Treating Provider’s Name and Address or Stamp | Treating Provider’s Signature | Date

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you do not provide any genetic information when responding to this request for medical information. ‘Genetic information,’ as defined by GINA, includes an individual’s family medical history, the results of an individual’s or family member’s genetic tests, the fact that an individual or an individual’s family member sought or received genetic services, and genetic information of a fetus carried by an individual, an individual’s family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

PLEASE RETURN THE COMPLETED FORM TO YOUR SUPERVISOR AND/OR DEPARTMENT REPRESENTATIVE