

Medical Treatment Authorization

Work Status Report—Employee Accidents

TREATMENT AUTHORIZATION <i>To be completed by Supervisor or District Contact:</i>		District Name:	
		District Address:	
		Phone:	Fax:
Employee:	Site Phone Number:	Employee Job Title:	
Date of Injury:	Type of Injury or Illness:		
Treatment Authorized By:	Date:		
Designated Medical Facility for Treatment:			
RETURN TO WORK STATUS <i>To be completed by Physician:</i>		Light duty is usually available to employees who are released by a physician with limitations that permit them to be productive and to work without undue risk of aggravation or re-injury.	
Diagnosis:			
Treatment:			
Is Treatment Complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date and time of Next Appointment:	
RESTRICTIONS:			
<input type="checkbox"/> Return to Regular Duties (no restrictions) on:			
<input type="checkbox"/> Unable to Return to Work Until:			
<input type="checkbox"/>			
Return to Work on: _____			
With the following restrictions:			
<input type="checkbox"/> No lifting over 15 25 35 50 pounds			
<input type="checkbox"/> Keep the injured area clean and dry			
<input type="checkbox"/> Limit use of affected body parts			
<input type="checkbox"/> Other (please be specific what employee can and cannot do:			
Expected Duration of Restrictions:			
Special Instructions/Remarks:			
Medical Facility:		Physician Signature:	
Name:		Date of Treatment:	
Address:			
Phone Number:			

Clinics: Send billing directly to Acclamation Insurance Management Services (AIMS)

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