



Physical Capabilities Worksheet

Physicians Response: Please complete this form after your examination of the patient. Indicate the patient's restrictions, if any, including modified hours, duties, environmental factors and any other information pertinent to this employee's healthy recovery and possible early return to work.

Patient Name _____ **Date of Injury** _____

Medical Diagnosis _____

- Employee may return to work **without restrictions**
- Employee **is not released** to work in any capacity
- Employee **may** return to work **with restrictions (see below)**

Lifting/Carrying	N	O	F	C	Activity	N	O	F	C
0 – 5 lbs.					Bend				
6 - 10 lbs.					Squat				
11 - 25 lbs.					Kneel				
26 - 50 lbs.					Twist/Turn				
Other					Climb				
No lifting /carrying									
Pushing/Pulling					Crawl				
11 - 25 lbs.					Reach Above Shoulder				
26 - 40 lbs.					Type/Keyboard				
41 - 60 lbs.					Driving				
61 - 100 lbs.					Automatic				
No pushing /pulling					Standard				

SPECIAL INSTRUCTIONS:

Estimated length of restrictions _____ Next Scheduled Apt _____

Physician Name _____ Date _____

Physician Telephone _____ Physician Signature _____

Send the completed form to:
 Rowena D'Souza, Risk Management Coordinator
 HRSTM/Room CT HE106J
 9221 Corporate Blvd, Rockville, MD – 20850
 or via email to rowena.dsouza@montgomerycollege.edu



MEDICAL SUBMISSIONS

Show this page to your medical provider or pharmacist!

PLEASE NOTE:

Authorization is not required for initial medical treatment. A claim number is not required for billing.

- Assistance locating a PPO Medical Provider: Please call the Nurse Case Manager (800) 234-5003 or visit: www.mcsip.org
- Contact the Nurse Case Manager or Adjuster, please call (800) 234-5003 or Fax (866) 738-0668
- Treatment authorizations for diagnostic, physical therapy, etc., must be submitted by faxing the script to (866) 434-0546
- Medications: Call *CorCareRX* or visit: www.mcsip.org to locate a network pharmacy and obtain a First Fill Instruction Sheet. First prescriptions are filled with NO "out of pocket expense"
- Bloodborne Pathogens Exposure: If exposure occurs, call Medical Access at (301) 428-1070; a physician is available 24/7

Medical Bill Submissions: Billing statements must include supporting medical records.

SUBMIT BILLS TO:

CorVel Corporation P.O. Box 43600, Baltimore, MD 21236