

## Medical Treatment & Physical Demands Analysis

A new copy of this form must be taken to all doctor appointments and returned to [risk@loudoun.gov](mailto:risk@loudoun.gov) or Fax 571-258-3212 within 24 hours.

### To Be Completed by Employee

CorVel Claim No. (If known): \_\_\_\_\_

Name: \_\_\_\_\_ Date of Injury: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title & Brief Description of Job Duties (or attach copy of job description / performance plan): \_\_\_\_\_

*I give permission to my physicians or other healthcare providers, hospitals, or clinics to release the information on this form and to release my medical records relating to this injury/illness to my employer, CorVel, and any entity responsible for providing services in connection with my workers' compensation claim. I understand this information will be used to assist my employer in evaluating my injury/illness, my work status, and proposed courses of treatment.*

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### I. To Be Completed by Healthcare Provider:

New Injury     Follow-up Treatment     Aggravation of Pre-existing Injury    Date of Exam \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Treatment: (including surgery, physical therapy, medications, and diagnostic procedures.) \_\_\_\_\_

- Return to regular duty on \_\_\_\_\_ Patient discharged from care?     Yes     No
- Return to work with restrictions on \_\_\_\_\_, until \_\_\_\_\_
- Follow-up appointment date \_\_\_\_\_     No follow-up necessary     Referred to Specialist
- Unable to return to work until \_\_\_\_\_    Copy of job description reviewed?     Yes     No

#### Physical Demands Analysis: **Modified duty may be available for employee.**

✓	Lifting Amounts (check or circle)	Occasional (1-33%)	Frequent (34-66%)	Constant (67-100%)
	Heavy Work	100 lbs	50 lbs	20 lbs
	Medium Heavy Work	75 lbs	35 lbs	15 lbs
	Medium Work	50 lbs	25 lbs	10 lbs
	Light Work	20 lbs	10 lbs	4 lbs
	Sedentary-Light Work	15 lbs	8 lbs	3 lbs
	Sedentary Work	10 lbs	5 lbs	2 lbs

Please return form to Loudoun County,  
Department of Human Resources  
Attn: Risk Management/Workers'  
Comp,  
[risk@loudoun.gov](mailto:risk@loudoun.gov)  
Phone 703.771.5676  
Fax 571.258.3212  
and  
CorVel  
[GM-RIVA-EC\\_Claims@Corvel.com](mailto:GM-RIVA-EC_Claims@Corvel.com)  
Fax to 866-913-1539

✓ Check as appropriate.	Never (0 Hrs)	Occasional (1-4 Hrs)	Frequent (4-8 Hrs)	Always (9-12 Hrs)
Sit				
Stand/Walk				
Bend				
Twist				
Squat/Crouch				
Reach				
Climb				
Drive				
Use of hands for repetitive grasping, fine manipulation, pushing & pulling.				
Use of foot/feet for repetitive movement as in operating foot controls.				

Signature of Healthcare Provider: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_