

YALE UNIVERSITY
Workers' Compensation
Health Service Appointment Form

Request to Employee Health Services

Employee Name: _____ S.S.# _____ Date Prepared _____

Employee Occupation: _____ Dept. _____ Date of Hire _____

Examine for: _____ Date of Injury: _____ Time: _____ am-pm

Signature: _____ Telephone: _____
(SUPERVISOR)

Health Services Report

1. Complaint: _____

2. Body part(s) _____ left () right ()

3. Diagnosis: _____

4. Treatment given: _____

Disposition

☐ Employee may return to work

() Employee may not return to work

Employee may return to work with following restrictions:

A. Absolutely Sedentary () B. Sedentary () C. Light Duty () D. Medium Duty () E. Heavy Duty ()
(Please refer to reverse side for definitions)

For keyboarding: How many hours per day permitted? _____

Remarks: _____

Release to work date: _____ Next appointment date: _____

Signed: _____ Title: _____ Date of exam: _____
(EXAMINER)

M.D. Signature: _____

Examiner is to distribute as follows:

a. retain copy

b. forward a copy to the Workers' Compensation Office

c. give a copy to employee to return to his/her supervisor

INSTRUCTIONS FOR COMPLETING FORM ER15-2

MUST ACCOMPANY APPOINTMENT FORM

The Workers' Compensation Employee Health Service Appointment and Report, Form ER15-2 is the standard method for securing and reporting health service examinations and/or treatments rendered to employees for any injury at work. Form ER15-2 must be prepared for *every* examination at the University Health Services for this injury.

Request to Employee Health Services

1. This form is prepared and signed by the supervisor and given (in its entirety) to the employee before he/she goes to Employee Health or Urgent Visit (for each visit).
2. This form is not needed if the employee is seen at Physical Therapy or by a medical provider outside University Health Services.

Health Services Report/Disposition

1. This form should be completed by the examining medical professional and then signed and dated by that examiner on completion of the examination. *(In the case of a provider other than an MD, this form must be co-signed by the supervising MD).*
2. The form is then burst and distributed by the examiner as follows:
 - a. Retain a copy
 - b. Forward a copy to the Workers' Compensation Office
 - c. Give a copy to employee to return to his/her supervisor *(or fax to supervisor if employee is physically unable to do so).*

DEFINITIONS OF WORK LEVELS

O = Occasional (0 - 33% of the work day)
 F = Frequently (34 - 66% of the work day)
 C = Constantly (67 = 100% of the work day)

ABSOLUTELY SEDENTARY

Wgt.
2# O

The employee would be
able to perform these acts

Absolute sitting, uses aids (crutches or
wheelchair) to ambulate
Reach Frequently
Handling Constantly
Fingering Constantly

SEDENTARY

Wgt.
10# O

Stand/Walk Occasional
Carry Occasional
Push/Pull Occasional
Reach Frequently
Handling Constantly
Fingering Constantly

LIGHT DUTY

Wgt.
20# O
10# F

Stand/Walk Frequently
Carry Occasional
Push/Pull Frequently
Reach Constantly
Handling Constantly
Fingering Constantly

MEDIUM DUTY

Wgt.
50# O
20# F
10# C

Stand/Walk Constantly
Carry Occasional
Push/Pull Frequently
Climb Occasional
Stoop/Crouch Frequently
Kneel/Crawl Occasional
Reach Constantly
Handling Constantly
Fingering Constantly

HEAVY DUTY

Wgt.
100# O
50# F
20# C

Stand/Walk Constantly
Carry Frequently
Push/Pull Frequently
Climb Frequently
Stoop/Crouch Frequently
Kneel/Crawl Frequently
Reach Constantly
Handling Constantly
Fingering Constantly

PHYSICAL DEMANDS

Describes the physical requirements of the job and the physical capacities needed by the employee

1. *Lifting:* Raising or lowering an object from one level to another.
2. *Carrying:* Transporting an object usually holding it in hand(s) or arm(s).
3. *Pushing:* Exerting force on an object so that it moves away.
4. *Pulling:* Exerting force on an object so that it moves toward you.
5. *Climbing:* Ascend/descend stairs ladders, scaffolding, ramps, poles, ropes—using the feet & legs and/or hand(s) & arm(s).
6. *Balancing:* Maintaining body equilibrium to prevent falling.
7. *Stooping:* Bending body forward and downward by bending spine at the waist.
8. *Kneeling:* Bending the legs at the knees to rest on the knees.
9. *Crouching:* Bend body down & forward by bending knees/spine.
10. *Crawling:* Moving on hands & knees or feet.
11. *Reaching:* Extending hands & arms in any direction.
12. *Handling:* Seizing, holding, grasping, turning or working with the hand(s).
13. *Fingering:* Picking, pinching, working with the fingers.