CITY OF LAS VEGAS MEDICAL EVALUATION FORM
Accident / Injury Treatment Report

Employee's Name _____ SSN _____ Date of Injury _____

Date of Visit: _____ ❑ First Report ❑ Interim Report ❑ Final Report

WORK STATUS: ❑ Full Duty ❑ Modified Duty ❑ Off Work

PHYSICIAN'S FINDINGS

Diagnosis/Objective Findings: _____

Treatment/Prognosis: _____

DISABILITY: Time off work ___ / ___ / ___ through ___ / ___ / ___

May return to full duty on ___ / ___ / ___

May return to modified duty on ___ / ___ / ___ with the following restrictions (check ☑ as applicable):

❑ No Lifting over __10 __20 __35 __50 lbs.

❑ No Repetitive Pulling/Pushing/Carrying

❑ No Repetitive Motion to Injured Part:

Body Part _____

❑ No Reaching/Working above Shoulder

❑ No Climbing: __Ladders __Stairs __Steep Terrain

❑ No Fire Suppression, Rescue or Paramedic Activities (Firefighters)

❑ No Altercation/Law Enforcement Situations

❑ Released to Work with Medication

❑ No Operating a Motor Vehicle

Other: __Eye Patch __Keep Injury Clean __ Must Wear Splint/Sling

❑ Discharged, Permanent & Stationary

Condition: ❑ Same ❑ Improved ❑ Worsened

❑ Request referral to _____

For: _____

❑ EMG/NCV Study ❑ ORTHO Consult ❑ PT x___/wk ❑ CT/MRI ❑ NEURO Consult

REHABILITATION P.T./O.T.

Job Description Provided? ❑ Yes ❑ No

Employee is: ❑ Improving ❑ Maintaining ❑ Regressing

TIME IN: _____ **TIME OUT:** _____ **NEXT APPOINTMENT:** Date _____ Time _____

Physician or Clinician Signature _____ Date _____

Physician or Clinician Print Name _____ Phone _____

Address _____ City _____ State/ZIP _____

The City of Las Vegas offers a Structured Return-to-Work Program to our injured/disabled employees during their medical recovery. We have identified numerous tasks (Temporary Work Assignments) which are available and are designed to accommodate ***most*** injuries. We will provide a detailed analysis of the temporary work offered to this employee based on your work restrictions. If you have questions or concerns, please contact our Workers Compensation Department at (702) 229-5044, fax 382-4091. Thank you for your cooperation.

DISTRIBUTION: Supervisor/Workers Comp Employee Physician/Clinician