COUNTY OF LINCOLN, NORTH CAROLINA

353 NORTH GENERALS BOULEVARD, LINCOLNTON, NORTH CAROLINA 28092

HUMAN RESOURCES
(704) 736-8493
FAX (704) 736-8763

AUTHORITY TO RELEASE MEDICAL INFORMATION

Employee Name: _____

Employee Address: _____

_____

Date of Birth: _____

I authorize _____ to release medical information to my employer, Lincoln County Government, regarding my on the job injury that occurred on _____.

This information may facilitate my return to medically appropriate productive work.

(Print) Employee Name: _____

Employee Signature: _____

Date: _____

WORKERS' COMPENSATION MEDICAL STATUS QUESTIONNAIRE

Patient name: _____ Today's Date _____
Patient ID: _____ Date of Injury _____
Treating Physician: _____ IC File: _____
Employer: Lincoln County

Please answer the following questions:

1. Diagnosis/diagnoses _____

2. In your opinion, *did the job duties or work place incident*, as described by the patient, more likely than not (please check the one that, in your opinion, best applies):
   ☐ Have/has no relation to the current injury or condition
   ☐ Cause or significantly contribute to the injury or condition;
   ☐ Aggravate, accelerate, or activate a preexisting condition; or
   ☐ Combine with other non-work related factors to bring about the current injury or condition.

3. Other medical conditions that are affected/exacerbated by the injury or condition _____

4. Reasonable and necessary treatment/treatment plan (to include: labs, medications, diagnostic images, tests, studies, referrals, physical therapy, etc.): _____

5. Prescribed medications for the injury or condition that would impair ability or judgment needed to perform certain jobs. _____

6. At this time, given the patient's injury or condition, is the patient able to return to his/her job as provided in the attached job description?
   ☐ Yes If yes, go to question #9 ☐ No

7. Work restricted to:
   ☐ Hours per day, list hours:
   ☐ Days per week, list days:
   Anticipated time patient will be under such restrictions:

8. Restrictions due to the injury or condition (check all that apply, specify pounds and frequency as appropriate, and explain):
   ☐ Lifting ☐ Push/Pull ☐ Bending ☐ Climbing ☐ Squatting
   ☐ Twisting ☐ Use of Extremities ☐ Standing ☐ Walking ☐ Sitting
   ☐ Repetitive Motions ☐ Vibrations ☐ Driving ☐ Splints ☐ Stooping
   ☐ Crutches ☐ Bandages ☐ Other work conditions, please explain: _____
   ☐ Kneeling

9. If patient has reached maximum medical improvement (MMI), what is the permanent impairment for the injury or condition?
   Body Part: _____ Percentage: _____ ☐ MMI Not Reached
   Body Part: _____ Percentage: _____ ☐ MMI Not Reached
   Body Part: _____ Percentage: _____ ☐ MMI Not Reached

Physician Signature: _____ Date: _____