

JEFF TECH
576 Vo Tech Road
Reynoldsville, PA 15851
(814) 653-8265
FAX (814) 653-8425

Modified Shop Activity Form

Please complete this form. Give the student a copy or fax a copy to (814) 653-8425.

Medical Provider: _____

Student's Name: _____

Shop: _____ **Shop Teacher:** _____

Date Illness/Injury/Surgery occurred: _____

Date of Return to School: _____

Student Shop Status: This patient has been instructed to:

May return to Full Duty with no limitations or restrictions.

Return to Modified Work with restrictions listed below.

(Please check one for each item)

Standing No restrictions No standing Limited to ____ Hours

Sitting No restrictions No sitting Limited to ____ Hours

Alternate Stand/Sit Yes No Limited to ____ Hours

Walking No restrictions No walking Limited to ____ Hours

Alternate Walk/Sit Yes No Limited to ____ Hours

Bending (Back) No restrictions No bending Limited to ____ Hours

Squatting (Knees) No restrictions No squatting Limited to ____ Hours

Reaching (Upper) No restrictions No reaching Limited to ____ Hours

Overhead Reaching No restrictions No reaching Limited to ____ Hours

Pushing (Back) No restrictions No pushing Limited to ____ Hours

Pulling (Back) No restrictions No pulling Limited to ____ Hours

Driving No restrictions No driving Limited to ____ Hours

Grasping (Hands) No restrictions No grasping Limited to ____ Hours

Keying (Hands) No restrictions No keying Limited to ____ Hours

Climbing No restrictions No climbing Limited to ____ Hours

Viewing Computer No restrictions No viewing computer Limited to ____ Hours

Other Restrictions:

Weight Restriction: Student limited to lifting(choose one)

5-10 lbs. 10-20 lbs. 20-40 lbs. 50 lbs. No restrictions

Frequency of Lifting. Lifting as indication above is limited to (choose one):

Occasionally (1 – 2x/hr) Frequently (3 – 4x/hr) Continuously (5+ x/hr) Other

Exposures

Describe any chemical or mechanical exposure limitations:

Re-evaluation / Return to Full Duty

Student will be re-evaluated on:

Anticipated date of return to full duty:

Physician printed name:

Physician Signature:

Date: