

FPDR



**Bureau of Fire and Police  
Disability and Retirement**

1800 SW First Avenue, Suite 450,  
Portland, OR 97201  
503-823-6823; FAX – 503-823-5166;  
B236/450

**WORK STATUS REPORT  
(WSR)**



Rev: 7-1-11

PATIENT INFORMATION <input type="checkbox"/> Fire <input type="checkbox"/> Police  Member's Legal Name:	CLAIM NUMBER:	FPDR DATE STAMP
	INJURY DATE:	
	BODY PART(S) INJURED:	
<b>1</b>	<input type="checkbox"/> <b>Member is released to FULL DUTY</b> (without restrictions) Date Released: _____ <input type="checkbox"/> Member is medically stationary <input type="checkbox"/> Yes, as of _____ (Date) <input type="checkbox"/> No	
<b>2</b>	<input type="checkbox"/> <b>Member is released to Restricted Duty</b> <input type="checkbox"/> Temporary Transitional Restrictions – Start Date: _____ Re-evaluation Date: _____ <input type="checkbox"/> Permanent Restrictions – Effective Date: _____  <p align="center"><b>PLEASE COMPLETE CURRENT PHYSICAL CAPABILITIES</b></p> <p><b>Limited Use <input type="checkbox"/> or No Use <input type="checkbox"/> Right <input type="checkbox"/> and/ or Left <input type="checkbox"/></b></p> <input type="checkbox"/> Shoulder <input type="checkbox"/> Arm <input type="checkbox"/> Elbow <input type="checkbox"/> Wrist <input type="checkbox"/> Hand <input type="checkbox"/> Leg <input type="checkbox"/> Knee <input type="checkbox"/> Ankle <input type="checkbox"/> Foot <input type="checkbox"/> Max lifting _____ lbs <input type="checkbox"/> Avoid forceful repetitive gripping <input type="checkbox"/> Alternate sitting/standing <input type="checkbox"/> Can wear vest/gun belt <input type="checkbox"/> Allowed to drive <input type="checkbox"/> Restricted to _____ hrs of limited duty per day <p align="right"><b>Limited <input type="checkbox"/> or <input type="checkbox"/> No</b></p> <input type="checkbox"/> Overhead <input type="checkbox"/> Reaching <input type="checkbox"/> Sitting <input type="checkbox"/> Pulling <input type="checkbox"/> Climbing <input type="checkbox"/> Stooping <input type="checkbox"/> Walking <input type="checkbox"/> Pushing <input type="checkbox"/> Squatting <input type="checkbox"/> Bending <input type="checkbox"/> Twisting <input type="checkbox"/> Standing	
<b>3</b>	<input type="checkbox"/> <b>Member is unable to perform any work</b> <b>From _____ to _____ (no longer than 3 mos.)</b>	<p align="center"><b>POLICE ONLY</b></p> Can Officer attend Court? <input type="checkbox"/> Yes <input type="checkbox"/> No
Next Appointment Date: _____		

\_\_\_\_\_  
Attending Physician (MD or DO) PRINTED NAME

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Attending Physician (MD or DO) SIGNATURE

\_\_\_\_\_  
Date

**DOCTOR:** PLEASE PROVIDE ORIGINAL TO MEMBER AND FAX COPY TO FPDR

**MEMBER:** PROVIDE FORM TO YOUR SUPERVISOR & RETAIN COPY FOR YOUR RECORDS

**SUPERVISOR:**  FAX WSR TO FPDR @ 503-823-5166 (check box and initial/date)

**BUREAU:**  RETURN ORIGINAL TO FPDR (check box and initial/date)

**IMPORTANT INFORMATION: WSR MUST BE SUBMITTED TO FPDR WITHIN THE PAY PERIOD THE DISABILITY IS DUE TO BE ELIGIBLE FOR A TIMELY DISABILITY PAYMENT.**

C:  FPDR to Bureau Liaison

Bureau Signatures:

On Duty Supervisor \_\_\_\_\_ RU Commander/Battalion Chief \_\_\_\_\_