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**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)**



January 2013

PATIENT INFORMATION Member's Legal Name:	<input type="checkbox"/> Fire <input type="checkbox"/> Police	CLAIM NUMBER:	FPDR DATE STAMP
		INJURY DATE:	
		BODY PART(S) INJURED:	

1 Member is unable to perform any work from _____ to _____ (no longer than 3 mos.)

2

Member is released to Restricted Duty

Temporary Transitional Restrictions – Start Date: _____ Re-evaluation Date: _____

Permanent Restrictions – Effective Date: _____

PLEASE COMPLETE CURRENT PHYSICAL CAPABILITIES

Limited Use or No Use Right and/ or Left

Shoulder Arm Elbow Wrist Hand Leg Knee Ankle Foot
 Max lifting _____ lbs
 Avoid forceful repetitive gripping
 Alternate sitting/standing
 Can wear vest/gun belt
 Allowed to drive
 Restricted to _____ hrs of limited duty per day

Limited or No

Overhead Reaching Sitting Pulling
 Climbing Stooping Walking Pushing
 Squatting Bending Twisting Standing

3 <input type="checkbox"/> Member is released to FULL DUTY (without restrictions) Date Released: _____ <input type="checkbox"/> Member is medically stationary <input type="checkbox"/> Yes, as of _____ (Date) <input type="checkbox"/> No	POLICE ONLY
	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: FAX COPY TO FPDR, PROVIDE ORIGINAL TO MEMBER & RETAIN A COPY

MEMBER: FAX COPY TO FPDR, PROVIDE TO 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 _____