



Orthopaedic Sports Medicine at Cypress

Duane A. Murphy, M.D. Emeritus

Tarun Bhargava, M.D. MIS Anterior Hip Reconstruction, Hip Resurfacing, Total and Partial Knee Reconstruction

Bradley W. Bruner, M.D. Arthroscopic Knee Surgery and Sports Medicine

Phillip F. Hagan, M.D. Arthroscopic Knee Surgery, Shoulder Surgery, and Sports Medicine

James Joseph Jr., M.D. Total Joint Reconstruction of Knees and Hips

Michael Easter, PA-C

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Peter Vang, PA

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WORK/SCHOOL STATUS

DATE: _____ BIRTH DATE: _____

PATIENT: _____

THE ABOVE NAMED PATIENT IS UNDER MEDICAL CARE REGARDING: _____

WORK/SCHOOL STATUS:

[] No work/school at this time: _____

[] May Return to work with the following restrictions: _____

[] None

[] No lifting over _____ pounds.

[] No repetitive lifting over _____ pounds.

[] No prolonged standing or walking.

[] No excessive bending or twisting

[] kneeling _____

[] squatting _____

[] climbing stairs/ladders _____

[] stooping _____

[] Sit down job only

[] No overhead lifting

[] No pushing or pulling

[] No work above shoulder level

[] Other: _____

[] The patient is released to work/school without restrictions effective: _____

PHYSICAL EDUCATION STATUS

[] No physical education for _____

[] Modified physical education/Restrictions _____

REMARKS: _____

RECHECK DATE: _____

DATE: _____ SIGNATURE: _____