

Alpine Orthopaedic Medical Group, Inc.
ORTHOPAEDIC SURGERY

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DATE

10/30/08

It is my medical opinion that

D O I

Anderson T. Hays

is capable of resuming the activities of his/her occupation as described below:

WORK STATUS:

- Regular work
 Modified work with limitations noted
 Unable to return to work until

Date:

12/1/08

WORK LIMITATION:

(✓) = partial capacity

(x) = no capacity

- | | | |
|-----------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Bending | <input type="checkbox"/> Reaching | <input type="checkbox"/> Lifting |
| <input type="checkbox"/> Climbing | <input type="checkbox"/> Standing | _____ lbs. |
| <input type="checkbox"/> Pulling | <input type="checkbox"/> Pushing | <input type="checkbox"/> Sitting |

M.D.