Physician's Return-to-Work & Voucher Report
DWC AD 10133.36

☐ The Employee is P&S from all conditions and the injury has caused permanent partial disability

Employee Last Name: SANTILLAN
Employee First Name: MARIA
MI:
Date of Injury: 1) 2)

Claims Administrator: YORK INSURANCE SERVICES
Claims Representative:

Employer name: PREMIER STAFFING
Employer Street Address: 109970 ARROW ROUTE SUTIE 101

Employer City: DOWNEY
State: CA
Zip Code: 91730
Claim No.: TWCS-1588; PENDING

Current Work Status: NOT WORKING

☑ The employee can not return to work

☐ The employee can work with restrictions:

	1-2 hours	2-4 hours	4-6 hours	6-8 hours	None
Stand	☑	☐	☐	☐	☐
Walk	☐	☑	☐	☐	☐
Sit	☐	☑	☐	☐	☐
Climbing	☐	☑	☐	☐	☐
Forward Bending	☐	☑	☐	☐	☐
Kneeling	☑	☐	☐	☐	☐
Crawling	☑	☐	☐	☐	☐
Twisting	☐	☐	☐	☐	☑
Keyboarding	☐	☐	☐	☐	☑
Grasp	☐	☐	☐	☐	☑
Push/Pull	☐	☐	☐	☐	☑

Lift/Carry Restrictions: Can not lift/carry at a height of 3'-6' more than 10 lbs. for more than 1 hours per day.
Describe in what ways the impaired activities are limited:

DOES NOT MEET DEMANDS OF JOB.

If a Job Description has been provided, please complete: Job Description provided of: ☑ Regular ☐ Modified ☐ Alternative Work

Job Title: Warehouse Supervisor
Work Location DOWNEY

Are the Work Duties compatible with the activity restrictions set forth in the provided job description? ☑ Yes ☐ No

Physician's Name: DR GENDELMAN
Role of Doctor (PTP, QME, AME): PTP

HIGADERA, OFELIA 999999999

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DWC AD 10133.36

☐ The Employee is P&S from all conditions and the injury has caused permanent partial disability

Employee Last Name	Employee First Name	MI	Date of Injury
HIGADERA	OFELIA		1) 02/03/2014
			2)

Claims Administrator	Claims Representative

Employer name	Employer Street Address
RTR BAKERY	2640 WALNUT AVE STE C

Employer City	State	Zip Code	Claim No.
LOS ANGELES	CA	92780	

Current Work Status: NOT WORKING

☐ The employee can return to work

☐ The employee can work with restrictions:

	1-2 hours	2-4 hours	4-6 hours	6-8 hours	None
Stand	☐	☐	☐	☐	☐
Walk	☐	☐	☐	☐	☐
Sit	☐	☐	☐	☐	☐
Climbing	☐	☐	☐	☐	☐
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Twisting	☐	☐	☐	☐	☐
Keyboarding	☐	☐	☐	☐	☐
Grasp	☐	☐	☐	☐	☐
Push/Pull	☐	☐	☐	☐	☐

Lift/Carry Restrictions: Can not lift/carry at a height of N/A more than N/A lbs. for more than N/A hours per day.
Describe in what ways the impaired activities are limited:

DEFER TO PHYSICIAN

If a Job Description has been provided, please complete: Job Description provided of: ☑ Regular ☐ Modified ☐ Alternative Work

Job Title: Machine Operator *Work Location* LOS ANGELES

Are the Work Duties compatible with the activity restrictions set forth in the provided job description? ☑ Yes ☐ No

Physician's Name DR RUBANENKO

Role of Doctor (PTP, QME, AME) PTP