

Date printed: 3/5/2019



This form contains your diagnosis.

CARADONNA, THOMAS MARIO (M.D.)
280 Hospital Pkway
San Jose CA 95119-1103
408-972-7000
Patient Name: Frazer, James H

Encounter Date: 3/4/2019

Please see below for this health care provider's directives and information relating to this encounter.

Work Status Report

Date onset of condition:
Next Appointment Date:

DIAGNOSIS: SCIATICA, RIGHT SIDE, CHRONIC LOW BACK PAIN W LUMBAR RADICULOPATHY

Modified Activity (Applies to work and home)

This patient is placed on modified activity at work and at home from 3/4/2019 through 3/12/2019.

If modified activity is not accommodated by the employer then this patient is considered temporarily and totally disabled from their regular work for the designated time and a separate off work order is not required.

This patient's activity is modified as follows:

Stand: Occasionally (up to 25% of shift).
Bend at the waist: Occasionally (up to 25% of shift).
Lift/carry/push/pull no more than 10 pounds.

This form has been electronically signed and authorized by CARADONNA, THOMAS MARIO (M.D.)

This form contains your private health information that you may choose to release to another party; please review for accuracy.

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