

**WORK STATUS FORM**

Employee name: Jamal Briscoe Date: 11/2/22 Time: 1:19

Employer: Township of Irvington Date of Injury: 10/22/22

- ☐ Initial Work related injury or illness ☒ Follow up Work related injury or illness  
☐ Return to work/fit for duty ☐ Other

**WORK STATUS PLAN:**

*Work status recommendations remain in effect until the next evaluation*

- ☐ RETURN TO WORK FULL DUTY date: \_\_\_\_\_  
☒ RETURN TO WORK MODIFIED DUTY date: 11/2/22

**Work modifications:**

- ☐ Standing limited to \_\_\_\_\_ ☒ Pushing/pulling limited to: \_\_\_\_\_  
☐ Sitting limited to \_\_\_\_\_ ☒ Lifting limited to Not > 20 pounds  
☐ No overhead work ☒ No climbing LADDERS.  
☐ No kneeling/squatting ☐ Other \_\_\_\_\_

☐ OUT OF WORK explanation: \_\_\_\_\_

☒ Return to Corporate Care appointment After final PT session  
Date \_\_\_\_\_ Time \_\_\_\_\_

**DIAGNOSIS:** Left mid Back Contusion -  
R leg medially

**INSTRUCTIONS:**

- ☒ Rest (Bed Couch) ☐ Ice/heat \_\_\_\_\_ ☐ Elevate \_\_\_\_\_  
☐ Ace wrap/neoprene \_\_\_\_\_ ☐ Crutches \_\_\_\_\_ ☐ Aircast \_\_\_\_\_  
☐ splint/brace \_\_\_\_\_ ☐ Other \_\_\_\_\_

**FOLLOW UP CARE**

☒ Physical Therapy Occupational Therapy Rx 3x/week x 2wk (6 Total)

☐ Refer to (specialist physician): \_\_\_\_\_  
Physician name \_\_\_\_\_

Appt time and date \_\_\_\_\_ Physician phone number \_\_\_\_\_

☐ Discharged from Corporate Care

☒ Follow up with your personal physician - about Personal Illness start 10/29/22 R Leg ankle pain

Provider Signature R Khan, MD Date 11/2/22

Provider Print Name \_\_\_\_\_

Time 1:45 AM/PM

*I understand the instructions above. I will allow the release of the above information to my employer.*

Employee signature X [Signature] Date 11/2/22

**Corporate Care/  
Employee Health At:**

**Clara Maass Medical Center**  
Continuing Care Building,  
1st Floor  
1 Clara Maass Dr.  
Belleville, NJ 07109  
973.450.2175  
Fax: 973.844.4779

**Community Medical Center**  
Riverwood Plaza, Building 2,  
2nd Floor  
67 Rt. 37 West  
Toms River, NJ 08755  
732.557.8064  
Fax: 732.557.8949

**Cooperman Barnabas Medical Center**  
Atkins-Kent Building,  
4th Floor - Suite 415  
101 Old Short Hills Rd.  
West Orange, NJ 07052  
973.322.6450  
Fax: 973.322.6460

**Trinitas Regional Medical**  
240 Williamson Street  
Suite 202  
Elizabeth, NJ 07202  
908.994.5368  
Fax: 908.994.5623

**Jersey City Medical Center**  
253 Monmouth St.  
Jersey City, NJ 07302  
201.885.4750  
Fax: 201.521.2035

**Monmouth Medical Center-  
Southern Campus**  
101 Prospect Street,  
Suite 202  
Lakewood, NJ 08701  
732.942.5906  
Fax: 732.942.5901

**Monmouth Medical Center**  
300 Second Ave.  
Long Branch, NJ 07740  
732.923.6745  
Fax: 732.923.6747

**Newark Beth Israel Medical Center**  
201 Lyons Ave. @  
Osborne Terrace  
Newark, NJ 07112  
973.926.7224  
Fax: 973.926.3111

**RWJ-Hamilton**  
2 Hamilton Health Place,  
Hamilton, NJ 08690  
609.631.6830  
Fax: 609.689.7149

**RWJ-New Brunswick**  
181 Somerset Street,  
3rd Floor  
New Brunswick, NJ 08901  
732.937.8714  
Fax: 732.418.8196

**RWJ-Rahway**  
865 Stone Street  
Rahway, NJ  
732.499.6082  
Fax: 732.680.7909

**RWJ-Somerset**  
110 Rehill Avenue  
Somerville, NJ 08876  
908.685.2838  
Fax: 908.685.2980

Other: \_\_\_\_\_

**Patient Charting Note****Jamal Briscoe , DOB: 4/22/1968**

Date	Charting Summary	Provider	Clinician
11/02/2022	CC Injury Follow Up Injury Date: 10/22/2022	Kerr, Ruthann MD	Patel, Hiral

**Subjective:****Initial Chief Complaint**

10/25/22 Initial inj on 10/22/22- Heavy Trash cans full of water fell onto Left mid back and Right Calf, pain 0-3/10.

11/02/22 f/u inj: s/p Contusion Left mid back and Right leg posterior/medially: pain 0-1/10.

**Present Complaint**

The patient is a 54 year old male, presenting for an established patient visit with the following condition(s):

PRESENTING PROBLEM: Patient indicated on intake that this problem occurred while at work.

TWP of IRVINGTON, Foreman, working FT/Modifie duty (5 lbs) is here to f/u after 10/22/22 Contusions to Left mid back and Right calf medially.

EE states the Left mid back and Right mid calf, medially, pain is 0-2/10.

Note: EE reports a personal private medical condition of awakening Saturday morning on 10/29/22 a full 1 wk after DOI, and he c/o pain 5/10, redness, swelling of his right anterior/lateral leg. EE does not recal a bug bite wound.

**Objective:****Examination**

Height: 70 inches. Weight: 159 pounds. BMI: 22.8. Temperature: 97.9°F. Blood Pressure: 111/68. Pulse: 74. BP was taken from the Right arm while Sitting. Respiration: 16. Pulse Ox: 98% RA. (Entered by Benoit, Esperanta 11/02/2022 at 1:27PM ).

**Left Mid Back:**

+ maturing and resolving ecchymosis and edema and tenderness of the work injury contusion site in the paraspinal muscles.

**Right Calf, posterior/medially:**

+ maturing and resolving ecchymosis and edema and tenderness of the work injury contusion site in the posterior/medial part of Right calf.

EE able to lift 20 lbs, w/very slight increase in Right calf 'tightness' feeling.

Note: EE has a personal private medical condition that started Saturday 10/29/22, upon awaking, he c/o marked redness, pain, swelling, surrounding a small centrally located puncture wound that looks like an insect bite. He chose to not seek medical care for this.

**Assessment:****Assessment**

**Patient Charting Note**

Jamal Briscoe , DOB: 4/22/1968

Date	Charting Summary	Provider	Clinician
11/02/2022	CC Injury Follow Up Injury Date: 10/22/2022	Kerr, Ruthann MD	Patel, Hiral

Contusion of left back wall of thorax, subsequent encounter  
Contusion of right lower leg, subsequent encounter  
-- above are work related injuries.

Note: EE has a personal private medical condition of probable insect bite complicated by cellulitis of the Right leg, Anterior, Lateral, and very Proximal and EE was referred to f/u PMD today for eval/treat.

**Plan:****Treatment / Orders / Work Restrictions**

EE declines to take any pain medications.

Other limitations include:

1. No lift, push, pull > 20lbs force.
2. No climbing Ladders.

RX PT 3x/wk x 2 wks (6 total) to treat both Left mid back contusion and Right mid calf/medial contusion.

**Patient Instructions**

RTW FT/Modified duty (20 lbs)

f/u WC Specialist/Claims Adjuster to arrange for 6 total PT sessions.

f/u CC after finish all 6 total PT sessions.

(Note: EE instructed to f/u PMD today to evaluate and treat the personal private medical condition of probable insect bite complicated by cellulitis of Right lower leg, the anterior/lateral/proximal calf.)

R Kerr MD

Signature:



Date: 11/02/2022 2:13PM

State of New Jersey  
**PRESCRIPTION BLANK**

RWJBH - CORPORATE CARE  
RUTHANN KERR, MD  
101 OLD SHORT HILLS ROAD • ATKINS-KENT BLDG., SUITE 415A  
WEST ORANGE, NJ 07052  
PH. (973) 322-6450 FAX (973) 322-6460  
NPI #1376665307

LICENSE # 25MA05188300 DEA # BK2187753

IF PRESCRIPTION IS WRITTEN AT ALTERNATE PRACTICE SITE, CHECK HERE ☐  
AND PRINT ALTERNATE ADDRESS AND TELEPHONE NUMBER ON REVERSE SIDE

PATIENT BRISCOE, JAMAL D.O.B. 4/22/68  
ADDRESS cell 973-978-4638 DATE 11/2/22



PT 3x/wk x 2 wks (6 Total)  
w/ Transition to HEP by End  
MODALITIES per

Dx: (Left mid Back muscle)  
Right calf muscle } Cont'd  
10/22/22



AEBMC0921000537

Eval + Treat

SUBSTITUTION PERMISSIBLE

DO NOT SUBSTITUTE

DO NOT REFILL

SIGNATURE OF PRESCRIBER

REFILL TIMES

Ruthann Kerr, MD

Use a separate form for each controlled substance prescription

THEFT, UNAUTHORIZED POSSESSION AND/OR USE OF THIS FORM INCLUDING ALTERATIONS OR FORGERY, ARE CRIMES PUNISHABLE BY LAW