OMS Medical Evaluation of Functional Activities

Employee's Name	SSN *(last 4 digits)*

Reason for OMS visit

- ☐ Occupational injury/illness
- ☐ Personal injury/illness
- ☐ Update/evaluation of status
- ☐ Return to work assessment
- ☐ Other *(specify):* _____

A. ☐ The employee is advised to resume regular activities.

B. ☐ The employee is advised to limit activities.

The functional restrictions needed from *(mo./day/yr.)* _____ through *(mo./day/yr.)* _____

- ☐ No climbing stairs or ladders
- ☐ No stooping or kneeling
- ☐ No reaching above shoulder
- ☐ No reaching below knee
- ☐ No use of arm: ☐ left, ☐ right
- ☐ No use of hand: ☐ left, ☐ right
- ☐ No fine manipulation
- ☐ Wear splint while working
- ☐ No twisting or bending
- ☐ No standing longer than _____ minutes per hour
- ☐ No walking longer than _____ minutes per hour
- ☐ No sitting longer than _____ minutes per hour
- ☐ No lifting or carrying > _____ pounds
- ☐ No pulling or pushing > _____ pounds
- ☐ No operating motor vehicle
- ☐ Other, please describe:

The supervisor is responsible for determining if the above restrictions can/will be accommodated within his/her organizational area of responsibility. If functional restrictions cannot be accommodated, contact the office responsible for personnel action to determine if suitable duties are available elsewhere.

C. ☐ Insufficient information is provided to establish a medical basis for:

- ☐ Proposed functional restriction(s)
- ☐ Work absence

For further evaluation of the medical basis for the proposed functional restrictions and/or work absence, the supervisor should contact the office responsible for personnel action to initiate a formal request for a review of medical documentation.

D. ☐ OMS recommends that the employee should:

- ☐ Consult private physician ..... ☐ Immediately ☐ Next available appointment ☐ As planned on _____
- ☐ Consult Employee Assistance Program .... ☐ Immediately ☐ Next available appointment ☐ As planned on _____
- ☐ Return to OMS for re-evaluation on _____
- ☐ Negotiate leave with supervisor

Supervisor's name	Phone number	Supervisor contacted: ☐ Yes ☐ No ☐ Can accommodate restrictions. ☐ Cannot accommodate restrictions. ☐ Unavailable; message left to return call.

The OMS representative can be reached on 301-496-4411 to discuss the recommendations.	OMS representative	Date	Employee time in	Employee time out

Distribution of copies: Original — Supervisor
Second — Employee
Third — OMS files

Injury Treatment Instructions

Please read and follow the instructions marked below. Call the Occupational Medical Service (OMS) at 301-496-4411 if you have any questions regarding these instructions.

Sprain or Soft Tissue Injuries

1. Elevate the injured area to reduce swelling and pain.
2. Apply ice packs or cold compresses 10-20 minutes each hour while awake until pain subsides.
3. Use the elastic bandage/splint on for _____ days. Remove and rewrap it as necessary. Be sure that it is snug, but not tight. Do not wear overnight unless otherwise instructed.
4. Notify OMS if the injured area becomes cold or numb.

Cuts, Abrasions, or Burns

1. Keep the injured area clean, dry, and covered.
2. Change the bandage daily or if it becomes dirty or wet.
3. Call OMS if any of the following occur at the injury site: signs of infection (increasing redness, swelling, heat, pain, drainage) or excessive bleeding.
4. If the wound was sutured, the sutures will be removed in _____ days.

Fractures

1. Please see your physician as discussed for the fracture diagnosed by x-ray.
2. Call your physician or seek urgent medical care at the nearest emergency room if any of the following occurs:

   Burning, numbness, or discoloration of your fingers or toes.

   Throbbing pain which doesn't decrease after elevating the injured limb on a pillow.

Back Injuries

1. Apply an ice pack for 10–20 minutes every hour until the pain subsides.
2. Sleep on a firm mattress either on your:

   back with a pillow under your knees or

   side with a pillow between your knees.

Head Injuries

1. Take only the medications OMS has given to you for pain.
2. Do not take aspirin or other pain remedies.
3. Someone should check you every 2 hours (including waking you from sleep) for 24 hours following the injury.
4. Call OMS or seek urgent medical care at the nearest emergency room if any of the following occurs:

   Unusual irritability.
   Definite changes in your behavior or personality.
   Drowsiness or inability to be awakened.
   Increasingly severe headache.
   Dizziness or clumsy walking.
   Slurred speech or changes in your vision or hearing.
   Seizure or convulsion.
   Arm or leg weakness.
   Clear or bloody drainage from nose or ear.
   Persistent vomiting.

Eye Injuries

1. Do not drive or operate power equipment if your eye is patched/covered.
2. If you need to remove your eye patch, use the provided clean supplies to replace the eye patch.
3. Call OMS immediately if eye pain increases or eye discharge occurs.

Non-Steroidal Anti-Inflammatory Medication

(for example: aspirin, ibuprofen, naproxen)

1. Take the medication with food to decrease the risk of stomach irritation.
2. Stop taking the medication and contact OMS if you notice any of the following: nausea, abdominal pain, diarrhea, vomiting, or black tarry stools.
3. Take the medicine at regular intervals:

   Medication: _____

   Schedule: _____

   Medication: _____

   Schedule: _____