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 Workers' Compensation Division
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 St. Paul, MN 55164-0221
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Disability Status Report

Filed as required by Minn. Rules 5220.0110, subp. 7

Reset



PRINT IN INK or TYPE
 ENTER DATES IN MM/DD/YYYY FORMAT

DO NOT USE THIS SPACE

1. WID or SSN		2. DATE OF INJURY	
3. EMPLOYEE NAME			
4. EMPLOYEE ADDRESS			
CITY		STATE	ZIP CODE
5. EMPLOYEE PHONE #			
6. EMPLOYER		7. EMPLOYER CONTACT PERSON	
8. PHONE #			
9. INSURER/SELF-INSURER/TPA		12. TITLE OF JOB AT DATE OF INJURY	
10. INSURER ADDRESS		13. AVERAGE WEEKLY WAGE AT DATE OF INJURY	
CITY		STATE	ZIP CODE
11. INSURER CLAIM NUMBER		15. NUMBER OF DAYS OF DISABILITY	
14. JOB AT DATE OF INJURY <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		16. IS THE EMPLOYEE CURRENTLY WORKING? <input type="checkbox"/> YES <input type="checkbox"/> NO	
17. WILL THE DISABILITY LIKELY EXTEND BEYOND 13 WEEKS? <small>(see instructions on back)</small> <input type="checkbox"/> YES <input type="checkbox"/> NO		18. REASON FOR FILING THE DISABILITY STATUS REPORT: (Check A or B)	
<p>Was a consultation requested? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, consultation requested by:</p> <p><input type="checkbox"/> Insurer <input type="checkbox"/> Employer <input type="checkbox"/> Employee on _____ (date of request)</p> <p><input type="checkbox"/> A. The employee is being referred for a rehabilitation consultation. (Insurer must send a copy of this Disability Status Report, the First Report of Injury, and the treating physician's work ability report to the QRC before the rehabilitation consultation.)</p> <p>Name of QRC _____</p> <p><input type="checkbox"/> B. A waiver of the rehabilitation consultation is being requested. An offer of suitable gainful employment signed by the date-of-injury employer and the treating physician's work ability report are attached. (NOTE: A waiver will not be granted if a consultation has been requested pursuant to Minn. Stat. § 176.102, subd. 4(a).)</p> <p>Projected return to work date _____</p>			
Name of insurer representative completing form		Phone number	Extension
Date served on employee			

(over)

Filling Out Disability Report

Wenbin Ji



Filling Out Disability Report:

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