

**FRESNO COUNTY ECONOMIC OPPORTUNITIES COMMISSION**

**Workers Compensation Status Report**

Employee Name: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

**Please check all that apply:**

Employee placed on No Activity:

Last day worked: \_\_\_\_\_  
Date

Employee has Restrictions:

Able to accommodate restrictions:

Returned to work: \_\_\_\_\_  
Date

Not able to accommodate restrictions

Employee has No Restrictions:

Returned to work: \_\_\_\_\_  
Date

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please fax completed form to Human Resources @ (559) 263-1072.**

Supervisor's name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_