



THE MUSCOGEE (CREEK) NATION

Social Services /Department of Community and Human Services
P.O. Box 580 | OKMULGEE, OK 74447
T 918.549.2445 | F 918.549.2494

David Hill
Principal Chief
Del Beaver
Second Chief

Medical Status Report

Patient Information:

Name: _____

Address: _____

Occupation: _____

Medical Information:

Complaint/Symptoms: _____

Diagnosis: _____

Treatment Plan: _____

How does this health condition and/or medication the patient's ability to perform job duties?

Is the patient capable of performing any of the following? Yes No

- Heavy- Standing or walking 6 hours and/or lifting up to 100 lbs
- Medium- Standing or walking 6 hours and/or lifting up to 50 lbs
- Light- Standing or walking 6 hours and/or lifting up to 20 lbs
- Sedentary- Sitting 6 hours and/or lifting 10 lbs or less

If the patient is unable to perform work without restrictions, what is the length of incapacity?
 1 month 1-3 months 3-6 months Other, please specify _____

Doctor Information

Print name: _____

Address: _____

Phone: _____

Signature: _____ Date: _____

Please return form to: Muscogee (Creek) Nation
P.O. Box 580
Okmulgee, OK. 74447

THIS REPORT MUST BE COMPLETED AND SIGNED BY A MD, DO, PA, or PHD