State Fund Claim:
Department of Labor and Industries PO
Box 44291 Olympia WA 98504-4291
Fax to claim file: 360-902-4567
Self-Insured Claims: Contact the Self Insured
Employer (SIE)/Third Party Administrator (TPA)
For a list of SIE/TPAs, go to www.Lni.wa.gov/SelfInsured

Activity Prescription Form (APF)

Billing Code: 1073M (Guidance on back)

Reminder: Send chart notes and reports to L&I or SIE/TPA as required. Complete this form only when there are changes in medical status or capacities, or change in release for work status.

General Info

Worker's Name: Joel C Flores	Patient ID: 108-929-111	Visit Date: 05/27/2025	Claim Number: [illegible]
Healthcare Provider's Name (please print): Lauren L Hart, M.D		Date of Injury: 02/27/2025	Diagnosis: S76.211A

Required: Work Status

☑ Worker is **released** to the job of injury (JOI) without restrictions (related to the work injury) as of (date): 05/27/2025
(If selected, skip to "Plans" section below)

☐ Worker **may perform modified duty**, if available, from (date) ________ to* ________ (*estimated date)

☐ If released to modified duty, may work more than normal schedule

☐ Worker **may work limited hours** _____ hours/day from (date) ________ to* ________ (*estimated date)

☐ Worker **is working** modified duty or limited hours

☐ Worker **not released to any work** from (date) ________ to* ________ (*estimated date)

☐ **Poor prognosis for return to work** at the job of injury at any date

Required: Measurable Objective Finding(s) (e.g. positive x-ray, swelling, muscle atrophy, decreased range of motion)
normal exam

How long do the worker's current capacities apply (estimate)?
☐ 1-10 days ☐ 11-20 days ☐ 21-30 days ☐ 30+ days ☐ permanent
Capacities apply all day, every day of the week, at home as well as at work.

Required: Estimate what the worker can do at work and at home until released to JOI

Worker can: (Related to work injury) If blank, ignore = not restricted	Never	Seldom 1-10% (<1 hour)	Occasional 11-33% 1-3 hours	Frequent 34-66% 3-6 hours	Constant 67-100% (6+ hours)
Sit					
Stand / Walk					
Perform work from ladder					
Climb ladder					
[illegible]					
[illegible]					
Bend / Stoop					
Squat / Kneel					
Crawl					
Reach					
Work above shoulders					
Keyboard					
Wrist (flexion/extension)					
Grasp (forceful)					
Fine manipulation					
Operate foot controls					
Vibratory tasks; high impact					
Vibratory tasks; low impact					

Lifting / Pushing Example	Never	Seldom	Occas	Frequent	Constant
Lift	50 lbs	20 lbs	10 lbs	2 lbs	0 lbs
Carry	___ lbs	___ lbs	___ lbs	___ lbs	___ lbs
Push/Pull	___ lbs	___ lbs	___ lbs	___ lbs	___ lbs
	___ lbs	___ lbs	___ lbs	___ lbs	___ lbs

Other Restrictions / Instructions:

Employer Notified of Capacities? ☐Yes ☑No
Modified duty available? ☐Yes ☑No
Date of contact: ________
Name of contact: ________
Notes:

Note to Claim Manager:

☐ May need assistance returning to work
New diagnosis ________

Opioids prescribed for: ☐ Acute pain or ☐ Chronic pain

Required: Plans

Worker progress: ☑ As expected / better than expected
☐ Slower than expected (address in chart notes)

Current rehab: ✔ PT OT ✔ Home exercise
Other (e.g. Activity Coaching) ________

Surgery: ☐ Not indicated ☐ Possible
☐ Planned Date: ________
☐ Completed Date: ________

☑ Next scheduled visit in: ___ days ___ weeks or Date: [illegible]
☐ Treatment concluded, Max. Medical Improvement (MMI)
Any permanent partial impairment? ☐Yes ☐No ☐Possibly
If you are qualified, please rate impairment for your patient:
☐ Will rate ☐ Will refer ☐ Request IME
Care transferred to: ________
Consultation needed with: ________
Study pending: ________

Req. Sign

☑ Copy of APF given to worker ☐ Discussed three key questions on back of form with patient

Signature ________ 05/27/2025 (Date) [illegible] (Phone)
☐ Doctor ☐ ARNP ☐ PA-C

Index: APF