



Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Date of Surgery: \_\_\_\_\_

Planned Surgery (please circle):      LEFT                  RIGHT                  BILATERAL  
Total knee arthroplasty                  Total hip arthroplasty  
Other: \_\_\_\_\_

After your surgery you may have some limitations as it pertains to walking, climbing stairs, driving, etc. Most patients are able to return to work within 1-6 weeks of surgery depending on the nature of the surgery and the nature of their job duties. Please answer the following questions to the best of your ability to help us correctly fill out the FMLA paperwork you have submitted. Please allow up to two weeks for this paperwork to be completed.

When did your current condition commence? \_\_\_\_\_

How long have you had your current condition? \_\_\_\_\_

What is your current job? \_\_\_\_\_

What are the physical requirements of your current job? \_\_\_\_\_

Amount of walking? \_\_\_\_\_

Amount of standing? \_\_\_\_\_

Amount of stair climbing? \_\_\_\_\_

Does your job require any of the following (stooping, bending, lifting, and carrying). If so, describe and give an estimate of the amount of weight you are expected to lift and/or carry.

\_\_\_\_\_

Does your employer have and allow you to perform a "light duty" job during your recovery? \_\_\_\_\_

How much time do you plan to take off from work? \_\_\_\_\_

What are the dates that you plan to be off from work? \_\_\_\_\_

What date do you plan to return to work? \_\_\_\_\_



Where would you like this paperwork to be sent when it is completed? \_\_\_\_\_

\_\_\_\_\_

Thank you for your cooperation in this preoperative process. We will complete this paperwork as quickly as possible.

I understand that the first FMLA form will be completed free of charge. All additional forms will incur a fee of \$20 payable prior to the completion of the form.

\_\_\_\_\_

Signature

Date