

Sequoia Union High School District



Interactive Meeting Summary

Non- Industrial Injury or Illness

Workers' Compensation

Instructions: An interactive meeting should be held between the employee and administrative supervisor when a change in work status is indicated by the treating physician. Bring this form and a copy of the employee's job description to the meeting.

Date & Time of Interactive Meeting: _____

Type of Contact: In Person Phone (If physically unable to meet in person)

Employee's Full Name _____

Date of Injury (If applicable) _____

Employee's Job Title _____

Best Contact Information _____

Work Location _____

Name of Supervisor _____

Pt. 1 - WORK RESTRICTIONS <input type="checkbox"/> No (Skip Pt. 1) <input type="checkbox"/> Yes (Complete Pt. 1)	
List detailed work restrictions as indicated by physician: 	
Effective Dates: Work modifications effective from _____ to _____	Does employee agree?: <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, indicate why below:	Next Appointment Date:

Pt. 2 - ACCOMMODATIONS REQUIRED <input type="checkbox"/> No (Skip Pt. 2) <input type="checkbox"/> Yes (Complete Pt. 2)	
Accommodations Suggested: 	
Is the employer able to accommodate? (Review Job Description): <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?:
Do all parties agree with accommodations?: <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, who disagrees? What is the suggested alternative?:

Employee's Name _____

Date of Interactive Meeting _____

Pt. 3 - MAIN POINTS DISCUSSED (continue on next page if needed)

List of main points addressed at meeting:

Pt. 4 - SPECIFIC OUTCOME/CONCLUSION (continue on next page if needed)

Summarize the specific outcome and plan of action:

Overall Status After Meeting:

- Return to work **without** restrictions as of the following date: _____
- Return to work **with** the following restrictions: _____
as of the following date: _____
- Permanent and stationary **without** limitations as of the following date: _____
- Permanent and stationary **with** the following limitations: _____
as of the following date: _____
- Off work completely, **TTD**, as of the following date: _____
- Off work completely, **unable to accommodate**, as of the following date: _____

Members in Attendance:

Print First and Last Name	Title	Signature

Date & Time of Follow Up Meeting: _____

Please retain a copy for your records and forward a copy to both the employee and the District Office.

Employee's Name

Date of Interactive Meeting

Pt. 3 - MAIN POINTS DISCUSSED (continued)

Pt. 4 - SPECIFIC OUTCOME/CONCLUSION (continued)