

Thomas F. Holovacs, MD

FMLA/Disability Forms

We request that you fill out this form to help our clinicians complete your paperwork.

Our clinicians may not have specific information about your occupation and what your daily work requirements are. Please take a few minutes to complete this form so that we may return your paperwork in a timely manner. You know best what your typical day at work looks like so please provide as much information as possible.

It may take up to 10 business days to complete your FMLA/Disability paperwork. Please have all paperwork faxed to 617-726-0620.

Thank you.

Name and Date of Birth: _____

Email address and phone number: _____

Date of Scheduled Surgery: _____

Occupation: _____

Job Duties: _____

Does your job require lifting/pushing/pulling/repetitive motion of the injured shoulder? _____

Is there a light duty option for your job? _____

Is this workers comp? _____

Planned time out of work: _____

Please note: You are unable to drive during the time that you are in the sling after surgery. For more detailed information about sling use and other restrictions, please go to our website: <http://www.shoulderwork.com> and read information specific to your planned surgery. You will be able to text/type/write while in the sling, but you cannot move your arm away from your body.