

# REPORT ON REHABILITATION

Michigan Department of Labor & Economic Growth  
Workers' Compensation Agency  
PO Box 30016, Lansing, MI 48909

INSTRUCTIONS: Reports are due 3 months from date of injury and every 4 months thereafter. **All reports are to be accompanied by a current medical report.** For further details, refer to R408.45(1) of the Workers' Disability Compensation Act and Rules of Practice.

<b>Part A</b>				
Employee	Social Security #			
Employer	Date of Injury			
<b>Part B – If applicable, complete and proceed to Part E</b>				
1.	Employee returned to work on (If a final Form WC-701 has been submitted, filing of this form is not required.)	Month	Day	Year
2.	Employee is expected to return to work on			
<b>Part C – Complete if Part B above does not apply</b>				
3.	Employee is unlikely to be able to return to work. <b>If so, further action is required.</b> Indicate type of action to be taken and target date of such action. <b>Please be specific.</b> (e.g., consultative medical examination, vocational rehabilitation evaluation, etc.)	Target Date		
		Month	Day	Year
<b>Part D – If a vocational rehabilitation referral has been made, please complete the following:</b>				
Facility/Individual's Name	State Approved Provider ID #			
Street or PO Box	City	State	ZIP Code	
<b>Part E</b>				
Comments:				
<b>Control Disability Costs – Invest in Early Rehabilitation</b>				
Carrier or Service Company/TPA Name				
Claims person to whom correspondence should be sent	Telephone No. (Include area code)			
Address (Number and Street) or PO Box	City	State	ZIP Code	
Authorized Signature	Date of Report			

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